

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2006 8:00 am**  
**Secretary of State**

DOCUMENT # P04000129962

1. Entity Name

R.J. LEE TRUCKING INC.



04-12-2006 90109 001 \*\*\*150.00

04-12-2006 90109 002 \*\*\*\*\*8.75

Principal Place of Business

1605 MOHAWK AVE.  
FT. MYERS FL 33916

Mailing Address

1605 MOHAWK AVE.  
FT. MYERS FL 33916



2. Principal Place of Business

1605 Mohawk Ave  
Suite, Apt. #, etc.

3. Mailing Address

1605 Mohawk Ave  
Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

Fort Myers, FLA

Zip  
33916

Country

City & State

Fort Myers, FLA

Zip  
33916

Country

4. FEI Number

14-1914102

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LEE, REGINALD J  
1605 MOHAWK AVE.  
FT. MYERS FL 33916

7. Name and Address of New Registered Agent

Name REGINALD J. LEE

Street Address (P.O. Box Number is Not Acceptable)

1605 Mohawk Ave

City Fort Myers

FL

Zip Code  
33916

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete  
NAME LEE, REGINALD J  
STREET ADDRESS 1605 MOHAWK AVE.  
CITY-ST-ZIP FT. MYERS FL 33916

TITLE S ☐ Delete  
NAME LEE, DORA T  
STREET ADDRESS 1605 MOHAWK AVE.  
CITY-ST-ZIP FT. MYERS FL 33916

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Reginald J. Lee

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/15/06

Cell 702-400-9059

Daytime Phone #