



# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2007 8:00 am**  
**Secretary of State**

04-18-2007 90165 019 \*\*\*158.75

<b>DOCUMENT # P05000016776</b> 1. Entity Name <b>E-Z LEE INSTALLERS, INC.</b>					
Principal Place of Business <b>315 ST. CLAIR STREET STARKE, FL 32091</b>				Mailing Address <b>315 ST. CLAIR STREET STARKE, FL 32091</b>	
2. Principal Place of Business - No P.O. Box # <b>322 S. WALNUT ST</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1574</b> Suite, Apt. #, etc.			
City & State <b>STARKE, FL</b> Zip <b>32091</b>		City & State <b>Melrose, FL</b> Zip <b>32666</b>		4. FEI Number <b>20-2267907</b>	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEE, THOMAS 315 ST. CLAIR STREET STARKE, FL 32091</b>				7. Name and Address of New Registered Agent Name <b>Regina L. Cain</b> Street Address (P.O. Box Number is Not Acceptable) <b>4823 N.E. 255 DRIVE</b> City <b>Melrose</b> <b>FL</b> Zip Code <b>32666</b>	
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 <u>Regina L. Cain VP, S</u> DATE <u>4/17/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LEE, THOMAS <input checked="" type="checkbox"/> Delete 315 ST. CLAIR STREET STARKE, FL 32091		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LEE, DANNY <input type="checkbox"/> Delete 315 ST. CLAIR STREET STARKE, FL 32091		TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DANNY LEE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 SWAN LAKE DRIVE Melrose, FL 32666	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CAIN, REGINA L <input type="checkbox"/> Delete PO BOX 1574 MELROSE, FL 32666		TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP, S Regina L. Cain <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4823 N.E. 255 DRIVE Melrose, FL 32666	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Regina L. Cain</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <u>4/5/07</u> 352 Daytime Phone # <u>235-2284</u>		