

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90115 045 \*\*\*150.00

<b>DOCUMENT # P05000016776</b> 1. Entity Name <b>E-Z LEE INSTALLERS, INC.</b>			
Principal Place of Business <b>322 S. WALNUT ST STARKE, FL 32091</b>		Mailing Address <b>P.O. BOX 1574 MELROSE, FL 32666</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address <b>219 Swanlake Drive</b> Suite, Apt. #, etc.	
City & State Zip		City & State <b>Melrose, FL</b> Zip <b>32666</b>	
Country		Country <b>US</b>	
4. FEI Number <b>20-2267907</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CAIN, REGINA L 4823 N.E. 255 DRIVE MELROSE, FL 32666</b>		7. Name and Address of New Registered Agent Name <b>Lee, Danny</b> Street Address (P.O. Box Number is Not Acceptable) <b>219 Swan Lake 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>Danny Lee President</u> <i>[Signature]</i> <b>4/15/08</b> <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, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<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, DANNY 279 SWAN LAKE DRIVE MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/N/S/D <del>Lee, Danny</del> 219 SWAN LAKE DRIVE Melrose, FL 32666
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS CAIN, REGINA L 4823 N.E. 255 DRIVE MELROSE, FL 32666	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Change 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>Danny Lee President</u> <i>[Signature]</i> <b>4/15/08</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <b>4/15/08</b> Daytime Phone # <b>904-964-0512</b>	