## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2006 8:00 am Secretary of State **DOCUMENT # P05000080362** 1. Entity Name 05-01-2006 90329 043 \*\*\*150.00 LEE'S CLEANING, INC Principal Place of Business Mailing Address 1800 OLD MOODY BLVD #980 P.O. BOX 350518 SUITE #1 PALM COAST, FL 32135 BUNNELL, FL 32110 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04282006 Chg-P CR2E034 (11/05) City & State 4. FEI Number Applied For City & State <u>20-2940773</u> Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, LEE A Street Address (P.O. Box Number is Not Acceptable) **47 WELLING LANE** PALM COAST, FL 32164 City Zip Code 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. A Price 4-28-06 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TEXT F ☐ Delete ☐ Change ☐ Addition PRICE, LEE A STREET ADDRESS **47 WELLING LANE** STREET ADDRESS CITY-ST-ZIP PALM COAST, FL. 32164 CHY-ST-70 IIILE ☐ Delete MILE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP TITLE Delete MLE Change ■ Addition STIBLET ADDRESS STREET ADDRESS CNY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MALE STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-ZIP MILE ☐ Delete MIE ☐ Addition ☐ Channe NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-78P MI F ☐ Delete TALE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-29P 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: Les P. SIGNATURE AND TYPED OR

FILED