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

## EII ED

	Jul 26, 2006 8:00 am Secretary of State
]	07-26-2006 90003 042 ***150.00

**DOCUMENT # P05000151497** LEE QUALITY SERVICES,INC. 50023257 Mailing Address Principal Place of Business 7159 SPORTSMANS DR. 7159 SPORTSMANS DR. NORTH LAUDERDALE, FL 33068 NORTH LAUDERDALE, FL 33068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 07052006 Applied For City & State 4, FEI Number City & State 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 Name ESDELLE, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 7159 SPORTSMANS DRIVE NORTH LAUDERDALE, FL 33068 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition ☐ Delete TITLE TITLE ESDELLE, RICHARD L NAME NAME 7159 SPORTSMANS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition ESDELLE, CELENA S NAME NAME STREET ADDRESS 7159 SPORTSMANS DRIVE STREET ADDRESS NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE ESDELLE, RIAN L NAME NAME 7159 SPORTSMANS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH LAUDERDALE, FL 33068 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

ME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7/16/06 Daytime Phone #