## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # P06000111274** 

LEE'S APPLIANCE INSTALLATION INC



**FILED** May 02, 2008 8:00 am Secretary of State

05-02-2008 90118 038 \*\*\*150.00

Principal Place of Business

3671 52ND AVE N ST PETERSBURG, FL 33714 Mailing Address

2674-52ND AVE N

PO BOX 11223

3674 52710 AVE N ST PETERSBURG, FL 33714 ST. PETE, FL 33733 40092337



## DO NOT WRITE IN THIS SPACE

03242008 No Chg-P

CR2E034 (11/05)

4. FEI Number 20-5444376 Applied For Not Applicable

5. Certificate of Status Desired ucBC BcB 8.75 Additional scBfC

6. Name and Address of Current Registered Agent

RICHARDSON, GAROLYEA LCC Claw Son

9375 US HWY 19 N

SUITE B

3671 52 AVC ST Petersburg Al 3374 DO NOT WRITE IN THIS SPACE

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)

FILE NOWIR FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution. OICO ugldcsuAdt@@@IPablesuMICQ@pp.pMIcsuluc@gldcsul

OFFICERS AND DIRECTORS Of CO BMucssluCOGuuAAcssluCOGuuAAcsMdBcBMucsMdBCOGBMucsMdBcBMucssluC 10. TITLE CLAWSON, LEE E NAME STREET ADDRESS 3671 52ND AVE N STYPETERSBURG, FIX 33714 City-St-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-\$1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

# 1. sbcp.(c(: #b((bp.(c(. #