

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90837 031 \*\*\*150.00

**DOCUMENT # P06000142585**

1. Entity Name  
**LEE'S HOME REPAIRS, INC.**



Principal Place of Business  
**1519 BARBARA'S PLACE  
FERNANDINA BEACH, FL 32034 US**

Mailing Address  
**1519 BARBARA'S PLACE  
FERNANDINA BEACH, FL 32034 US**

**40093044**



2. Principal Place of Business - No P.O. Box #  
**95363 Barbara's Place**

3. Mailing Address  
**95363 Barbara's Place**

04262007 Chg-P CR2E034 (12/06)

City & State  
**FERNANDINA BEACH, FL**

City & State  
**FERNANDINA BEACH, FL**

Zip  
**32034**

Country  
**U.S.A.**

Zip  
**32034**

Country  
**U.S.A.**

4. FEI Number  
**205865274**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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

Signature: typed or printed name of registered agent and this is applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>LEE, DAVID P</b>	
STREET ADDRESS <b>1519 BARBARA'S PLACE</b>	
CITY- ST- ZIP <b>FERNANDINA BEACH, FL 32034</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE <b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Lee, David P</b>	
STREET ADDRESS <b>95363 Barbara's Place</b>	
CITY- ST- ZIP <b>Fernandina Beach, FL 32034</b>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: **David P. Lee**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-26-2007** **904-753-1844**  
Date Daytime Phone