

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000007826

FILED
Apr 24, 2008
Secretary of State

Entity Name: LEE TRUCKING SERVICES INC.

Current Principal Place of Business:

3660 WORK DR.
FT. MYERS, FL 33906

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 60944
FT. MYERS, FL 33906

New Mailing Address:

FEI Number: 84-1724691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

T.J.S TRUCKING & TEAMING CO.
3660 WORK DR.
FT. MYERS, FL 33906 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BERGERON, LISA M
Address: 12217 N.W. 57TH ST.
City-St-Zip: CORAL SPRINGS, FL 33309

Title: VP () Delete
Name: MCDONALD, SHERI L
Address: 2501 S.E. 19TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: VP () Delete
Name: CURBELO, LOUIS A
Address: 4842 PALM BEACH BLVD
City-St-Zip: FT. MYERS, FL 33916

Title: CB () Delete
Name: MIKOS, THOMAS J
Address: 2501 S.E. 19TH AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: VC () Delete
Name: BERGERON, LISA M
Address: 12217 N.W. 57TH ST.
City-St-Zip: CORAL SPRINGS, FL 33309

Title: B () Delete
Name: MCDONALD, SHERI L
Address: 2501 S.E. 19TH AVE
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS J. MIKOS

CB

04/24/2008

Electronic Signature of Signing Officer or Director

Date