## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P07000094349

Entity Name: BBE OF LEE, INC

FILED Apr 29, 2009 Secretary of State

| •   |  | ,                               |   |  |  |
|---|--|---------------------------------|---|--|--|
| Current Principal Place of Business:              |  |                                 | New Principal Place                         | New Principal Place of Business:             |  |
| 4451 CUTI<br>N CAPTIV                             | LASS DR<br>A ISLAND, FL                            | . 33924                         |   |  |  |
| Current Mailing Address:                          |  |                                 | New Mailing Addres                          | New Mailing Address:                         |  |
| PO BOX 2:<br>PINELANE                             | 244<br>D, FL 33945                                 |                                 |   |  |  |
| FEI Number: 45-0570908 FEI Number Applied For ( ) |  | FEI Number Not Applicable ( )   | Certificate of Status Desired ( )           |  |  |
| Name and Address of Current Registered Agent:     |  |                                 | Name and Address of                         | Name and Address of New Registered Agent:    |  |
| 8191 MOY  | , STEVEN P<br>ER LANE<br>A, FL 33922               | US                              |   |  |  |
|   | named entity<br>of Florida.                        | submits this statement for the  | purpose of changing its registere           | d office or registered agent, or both,       |  |
| SIGNATUR  | RE:  |                                 |   |  |  |
|   | Electro  | nic Signature of Registered Ac  | gent  | Date   |  |
| Election Car                                      | npaign Financir                                    | ng Trust Fund Contribution ( ). |   |  |  |
| OFFICERS AND DIRECTORS:                           |  |                                 | ADDITIONS/CHANG                             | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | P (<br>BALLARD, ST<br>PO BOX 2244<br>PINELAND, FL  |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | ( ) Change ( ) Addition                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:       | ST (<br>BALLARD, CH<br>PO BOX 2244<br>PINELAND, FL |                                 | Title:<br>Name:<br>Address:<br>City-St-Zip: | () Change () Addition                        |  |

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: STEVEN P BALLARD Ρ 04/29/2009