

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90039 046 ***150.00

DOCUMENT # P92000008706

1. Entity Name

JOSEPH D. LEE, P.A.



Principal Place of Business

801 SPENCER DRIVE
WEST PALM BEACH FL 33409

Mailing Address

801 SPENCER DRIVE
WEST PALM BEACH FL 33409

moved 3/1/08



2. Principal Place of Business - No P.O. Box #

18888 137th Trail North

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 2989

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State
Jupiter, FL

City & State
Jupiter, FL

4. FEI Number
65-0368005

Applied For
Not Applicable

Zip
33478

Country
USA

Zip
33468-2989

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, JOSEPH D
18888 137TH TRAIL NORTH
JUPITER FL 33478

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]

Signature, typed or printed name of registered agent and date, if applicable.

(NOTE: Registered Agent signature required when reappointing)

March 6, 2008

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
LEE, JOSEPH D
18888 137TH TRAIL NORTH
JUPITER FL 33478 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

[Signature]

Joseph D. Lee

3/8/08

(561)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Photo