


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2006 8:00 am**  
**Secretary of State**

02-24-2006 90017 021 \*\*\*150.00

<b>DOCUMENT # P93000000628</b>					
<b>1. Entity Name</b> LEE'S TREES AND LANDSCAPING, INC.					
<b>Principal Place of Business</b> 1687 EAST MANASOTA BEACH ROAD ENGLEWOOD, FL 34223			<b>Mailing Address</b> 1687 EAST MANASOTA BEACH ROAD ENGLEWOOD, FL 34223		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 65-0390415	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WILLIAMS, PARKER, HARRISON, DIETZ & GETZEN ROBERT W. BENJAMIN 1550 RINGLING BLVD. SARASOTA, FL 34236			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> LEE, PETER J <b>STREET ADDRESS</b> 1687 MANASOTA BEACH ROAD EAST <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> WILLIAM, G. LEE <b>STREET ADDRESS</b> 1687 MANASOTA BEACH ROAD EAST <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> T <b>NAME</b> LEE, LOIS A <b>STREET ADDRESS</b> 1687 MANASOTA BEACH ROAD EAST <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> DITTMAN, MARK <b>STREET ADDRESS</b> 1687 MANASOTA BCH RD E <b>CITY-ST-ZIP</b> ENGLEWOOD, FL 34223	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Secretary <b>NAME</b> Thompson, Robert S. Jr. <b>STREET ADDRESS</b> 1687 Manasota Bch. Rd. E. <b>CITY-ST-ZIP</b> Englewood, FL 34223	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Lois A. Lee</i>			Loisa A. Lee 2-22-06 9414750679		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		