

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000024594

Entity Name: LEE REED INSURANCE, INC.

FILED
Jan 11, 2011
Secretary of State

Current Principal Place of Business:

38511 5TH AVE.
ZEPHYRHILLS, FL 33542

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 908
ZEPHYRHILLS, FL 335390908

New Mailing Address:

FEI Number: 59-3231780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SURRATT, SAMUEL W III
38511 5TH AVE.
ZEPHYRHILLS, FL 33542 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

OFFICERS AND DIRECTORS:

Title: MR.
Name: SURRATT, SAMUEL W III
Address: 38511 5TH AVE.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: MRS.
Name: SURRATT, LINDA S
Address: 38511 5TH AVE.
City-St-Zip: ZEPHYRHILLS, FL 33542

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

Title: N/A
Name: N/A, N/A
Address: N/A
City-St-Zip: N/A, NA N/A

I hereby 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 all other like empowered.

SIGNATURE: SAM W. SURRATT

MR.

01/11/2011

Electronic Signature of Signing Officer or Director

Date