


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90076 008 ***158.75

DOCUMENT # P94000045575	
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1. Entity Name LEE SQUARED, INC.	Principal Place of Business 10381 TAMiami TRAIL UNIT 8 PUNTA GORDA, FL 33950 US	Mailing Address 10381 TAMiami TRAIL UNIT 8 PUNTA GORDA, FL 33950 US
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2. Principal Place of Business 6676 N. Biscayne Dr. Suite, Apt. #, etc.	3. Mailing Address 1181 S. Sumter Blvd. Suite, Apt. #, etc. # 302
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City & State North Port, FL	City & State North Port, FL
Zip 34286	Zip 34287
Country USA	Country USA

04072004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0498780

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WIDMEYER, STEPHAN.B
3871-A TAMiami TRAIL
PORT CHARLOTTE, FL 33952

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMASTER, PEGGY S. 1691 HUNTERS CREEK DRIVE PUNTA GORDA, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMASTER, JEFFERY T 1691 HUNTER'S CREEK DRIVE PUNTA GORDA, FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHULER, COLE C 5535 ESTATES DR. NORTH PORT, FL 34286 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, RONALD D 6676 N. BISCAYNE DR. NORTH PORT, FL 34286 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURRAY, TRICIA S 6676 N. BISCAYNE DR. NORTHPORT, FL 34286 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCMASTER, KENNETH E 25163 MARION AVENUE LOT 9 PUNTA GORDA, FL 33950 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Tricia S. Murray* **Tricia S. Murray** **Treasurer** **4-12-04** **(941) 429-5003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #