

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 09, 2005 08:00 AM
Secretary of State**

DOCUMENT # P94000057142

1. Entity Name
LEE'S EQUIPMENT SERVICE, INC.



Principal Place of Business
**2981 RIBBON COURT
FT. MYERS, FL 33905 US**

Mailing Address
**2981 RIBBON COURT
FT. MYERS, FL 33905**



03252005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0515082

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**WILLIAMS, RUFUS L
2981 RIBBON COURT
FT. MYERS, FL 33905**

**DO NOT WRITE
IN THIS SPACE**

7. 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 fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

8. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
WILLIAMS, RUFUS L
2981 RIBBON COURT
FT. MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
WILLIAMS, GIAL
2981 RIBBON COURT
FT. MYERS, FL 33905**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Rufus Lee Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-05 239-693-1698
Date Daytime Phone #