


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2007 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**

**DO NOT WRITE IN THIS SPACE**



05082007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0515082**

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**

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 Gail Williams VSD (NOTE: Registered Agent signature required when rotating) DATE 5-8-07

**FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD NCMA VESTICE INC WILLIAMS, RUFUS L 2981 RIBBON COURT FT. MYERS, FL 33905
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WILLIAMS, GAIL 2981 RIBBON COURT FT. MYERS, FL 33905
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05/30/07-80003-012 158.75

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Gail Williams GAIL WILLIAMS 5-8-07 239-693-1698

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #