

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000069956

Entity Name: LEE V. MACE, INC.

FILED
May 01, 2009
Secretary of State

Current Principal Place of Business:

770 LAKEWOOD CIRCLE
MERRITT ISLAND, FL 32952

New Principal Place of Business:

Current Mailing Address:

770 LAKEWOOD CIRCLE
MERRITT ISLAND, FL 32952

New Mailing Address:

FEI Number: 65-0615322

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSLEY, CURTIS R
1221 EAST NEW HAVEN AVENUE
MELBOURNE, FL 32901 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

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MACE, LEE V
Address: 770 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: V () Delete
Name: MACE, VICKI L.
Address: 770 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: THARPE, COURTNEY
Address: 1713 OAKCREST DRIVE
City-St-Zip: ALEXANDRIA, VA 22302

Title: D (X) Delete
Name: MACE, LINDSEY
Address: 770 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MACE, VICKI L
Address: 770 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VD (X) Change () Addition
Name: THARPE, COURTNEY
Address: 770 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: STD (X) Change () Addition
Name: MACE, LINDSEY
Address: 770 LAKEWOOD CIRCLE
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: VICKI L. MACE

PD

05/01/2009

Electronic Signature of Signing Officer or Director

Date