2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State DOCUMENT # P96000047348 01-29-2007 90100 006 ***150.00 1. Entity Name CURTIS LEE, INC. Principal Place of Business Mailing Address EAAAAA. 5015 RENDY KAY LN 5015 RENDY KAY LN MILTON, FL 32570 MILTON, FL 32570 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-3382242 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LEE, CURTIS L Street Address (P.O. Box Number is Not Acceptable) 5015 RENDY KAY LN MILTON, FL 32570 City Zip Code FL 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 little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PΩ TITLE Delete TITLE Change Addition LEE, CURTIS L NAME NAME 5015 RENDY KAY LN STREET ADDRESS STREET ADDRESS CITY-ST-7IP MILTON, FL 32570 CITY-ST-7IP SD Delete Addition TITLE TITLE Change LEE, LINDA J NAME NAME 5015 RENDY KAY LN STREET ADDRESS STREET ADDRESS **MILTON, FL 32570** CITY-ST-ZIP CITY-ST-ZIP TITLE VD Delete TITLE ☐ Change Addition LEE, TYLER L NAME NAME STREET ADDRESS 5075 RENDY KAY LN STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MILTON, FL 32570 TD Delete MILE Change Addition TITLE LEE, JASON W NAME NAME 5047 COPPERFIELD DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MILTON, FL 32570 CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7P CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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

FILED Jan 29, 2007 8:00 am