2004 FOR PROFIT CORPORATION **ANNUAL REPORT** DOCUMENT # P96000050707 1. Entity Name LEE COUNTY MINING, INC. Principal Place of Business Mailing Address 16070 TAMIAMI TRL S 15210 WAYZATA BLVD PUNTA GORDA, FL 33955 US_ WAYZATA, MN 55391 US DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent BUTLER, GAREY F ESQ

HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET #301

FORT MYERS, FL 33901

SIGNATURE:

FILED Apr 21, 2004 08:00 AM Secretary of State



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For Rot Applied Solution (Not Applicable)

5. Certificate of Status Desired _ _ S8.75 Additional Fee Required

Daytime Phone #

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or be	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or printed name of registered agent and title	d applicable (NOTE Registered	Agent signature	required when reinstalling)	· DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Financ Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	, U00000122575	
10.	OFFICERS AND DIREC	CTORS			- 04,21704-800355-003 150.00	
TITLE NAME STREET ADGRESS CITY-SI-ZIP	D NESLUND, RICHARD 15210 WAYZATA BLVD WAYZATA, MN 55391					
tale Name Street address Cay-Sa-Zip	S FIER, JAMES E 15210 WAYZATA BLVD WAYZATA, MN		DO NOT WRITE IN THIS SPACE			
TIRLE NAME STREET ADDRESS CITY-ST-ZIP						
title Name Street address City-St-Iyp						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-				

12. I hereby certify that the information supplied with this filling does not qualify for the examption 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 cath, that I am an officer or director of the corporation or the receiver or trustee empowered type-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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR