## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P96000050707

1. Entity Name LEE COUNTY MINING, INC.



**FILED** Apr 27, 2006 08:00 AN Secretary of State

Principal Place of Business

Mailing Address

16070 TAMIAMI TRL S PUNTA GORDA, FL 33955 15210 WAYZATA BLVD WAYZATA, MN 55391

## DO NOT WRITE IN THIS SPACE

03102006

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0690837

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUTLER, GAREY F ESQ HUMPHREY & KNOTT, P.A. 1625 HENDRY STREET #301 FORT MYERS, FL 33901

## DO NOT WRITE IN THIS SPACE

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8. The above the obliga	e named entity submits this statement for the pations of registered agent.	ourpose of changing its re	egistered office or r	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title	if applicable (NOTE E	Realistered Agent stanshire	e required when reinstating)	CATE
	E NOW!!! FEE IS \$150.00 lay 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NESLUND, RICHARD 15210 WAYZATA BLVD WAYZATA, MN 55391			**** <u>.</u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FIER, JAMES E 15210 WAYZATA BLVD WAYZATA, MN				U00000538916 05/09/06-80080-006 150.00
TITLE NAME STREET ADDRESC CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			:	IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			′		· · · · · · · · · · · · · · · · · · ·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				121	

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

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

4-21-06

952 646 3516