


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000056919</b>	
1. Entity Name <b>JERRY K LEE CONSTRUCTION, INC.</b>	

Principal Place of Business <b>15733 36 TRAIL LIVE OAK FL 32060 US</b>	Mailing Address <b>15733 36 TRAIL LIVE OAK FL 32060 US</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/07)

6. Name and Address of Current Registered Agent  <b>LEE, GLADYS 15733 36 TRAIL LIVE OAK FL 32060</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

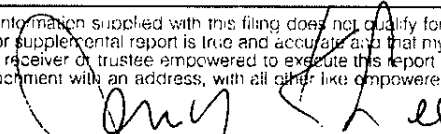
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent's signature required when transferring.) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Electronic Filing \$5.00 May Be Added to Fees</b> <b>04/17/08-80053-007 150.00</b>
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10. OFFICERS AND DIRECTORS	
<b>TITLE</b> PD <b>NAME</b> LEE, JERRY K SENIOR <b>STREET ADDRESS</b> 15733 36TH TRAIL <b>CITY-ST-ZIP</b> LIVE OAK FL 32060	<input type="checkbox"/> Delete
<b>TITLE</b> SD <b>NAME</b> LEE, TIMOTHY A <b>STREET ADDRESS</b> 15733 36TH TRAIL <b>CITY-ST-ZIP</b> LIVE OAK FL 32060	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 11, if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **Jerry K. Lee** **3131**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR