


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P97000023868		
1. Entity Name IRVING LEE, INC.		
Principal Place of Business 1496 LEMON BAY DRIVE ENGLEWOOD, FL 34223	Mailing Address 1496 LEMON BAY DRIVE ENGLEWOOD, FL 34223	



02252008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0736761	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ITTERSAGEN, SCOTT D
C/O BATSEL, MCKINLEY, ITTERSAGEN, ET AL
1861 PLACIDA ROAD STE 204
ENGLEWOOD, FL 34223

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000857649
04/01/08-80013-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PALMER, ROBERT I
STREET ADDRESS	1496 LEMON BAY DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	D
NAME	PALMER, SANDRA L
STREET ADDRESS	1496 LEMON BAY DRIVE
CITY-ST-ZIP	ENGLEWOOD, FL 34223
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra L. Palmer SANDRA L. PALMER

Date

3/7/08

941-475-4451