2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 22, 2004 8:00 am
Secretary of State
03-22-2004 90050 018 ***150.00

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03192004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000075697

1. Entity Name
LEE'S ELECTRITECH INC.

Principal Place of Business	Mailing Address
101600 OVERSEAS HWY C-55 KEY LARGO, FL 33037	P.O. BOX 2524 KEY LARGO, FL 33037

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0780898 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WILSON, LEE E
101600 OVERSEAS HWY
#55
KEY LARGO, FL 33037

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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT WILSON, LEE E 101600 OVERSEAS HWY #55 KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS DRUMMOND, LYLE W 259 GARDENIA ST. TAVERNIER, FL 33070	☒ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS WILSON, CAROL A 101600 OVERSEAS HWY #55 KEY LARGO, FL 33037	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILSON, CAROL A. 101600 OVERSEAS HWY #55 KEY LARGO, FL. 33037	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption 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 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: LEE E. WILSON PT 3/21/04 305-522-4100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #