

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000076214

1. Entity Name
LEE HESS, INC.



Principal Place of Business
1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119 US

Mailing Address
1301 BEVILLE ROAD
UNIT 7
DAYTONA, FL 32119 US



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0776282

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

AMENDOLAGINE, MARILYN
1301 BEVILLE RD
UNIT 7
DAYTONA BEACH, FL 32119

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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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000403329
02/06/06-80002-020 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME AMENDOLAGINE, MICHAEL
STREET ADDRESS 1301 VEVILL ROAD UNIT 7
CITY-ST-ZIP DAYTONA, FL 32119

TITLE STD
NAME KHOSROW, OWJI
STREET ADDRESS 1766 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE VD
NAME AMENDOLAGINE, MARILYN
STREET ADDRESS 1301 VEVILL ROAD UNIT 7
CITY-ST-ZIP DAYTONA, FL 32119

TITLE VPD
NAME OWJI, CAROLYN
STREET ADDRESS 1766 SENECA BLVD
CITY-ST-ZIP WINTER SPRINGS, FL 32708

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

1/23/06 386-322-0673
Date Daytime Phone #