

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000076214

Entity Name: LEE HESS, INC.

FILED  
Apr 18, 2008  
Secretary of State

## Current Principal Place of Business:

1301 BEVILLE ROAD  
UNIT 7  
DAYTONA, FL 32119 US

## New Principal Place of Business:

1766 SENECA BLVD  
WINTER SPRINGS, FL 32708 US

## Current Mailing Address:

1301 BEVILLE ROAD  
UNIT 7  
DAYTONA, FL 32119 US

## New Mailing Address:

1766 SENECA BLVD  
WINTER SPRINGS, FL 32708 US

FEI Number: 65-0776282

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

OWJI, CAROLYN  
1766 SENECA BLVD  
WINTER SPRINGS, FL 32708 US

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.

SIGNATURE: CAROLYN OWJI

04/18/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: AMENDOLAGINE, MICHAEL  
Address: 1301 VEVILL ROAD UNIT 7  
City-St-Zip: DAYTONA, FL 32119

Title: STD ( ) Delete  
Name: KHOSROW, OWJI  
Address: 1766 SENECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VD ( ) Delete  
Name: AMENDOLAGINE, MARILYN  
Address: 1301 VEVILL ROAD UNIT 7  
City-St-Zip: DAYTONA, FL 32119

Title: VPD ( ) Delete  
Name: OWJI, CAROLYN  
Address: 1766 SENECA BLVD  
City-St-Zip: WINTER SPRINGS, FL 32708

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: AMENDOLAGINE, MICHAEL  
Address: 1898 S. CLYDE MORRIS BLVD, SUITE 500  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: AMENDOLAGINE, MARILYN  
Address: 1898 S. CLYDE MORRIS BLVD  
City-St-Zip: DAYTONA BEACH, FL 32119

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN OWJI

VPD

04/18/2008

Electronic Signature of Signing Officer or Director

Date