2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# P97000076214

Entity Name: LEE HESS, INC.

Current Principal Place of Business:

1766 SENECA BLVD
WINTER SPRINGS, FL 32708 US

New Principal Place of Business:

Current Mailing Address:

1766 SENECA BLVD
WINTER SPRINGS, FL 32708 US

New Mailing Address:

FEI Number: 65-0776282 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	AMENDOLAGINE, MICHAEL	
Address:	1898 S. CLYDE MORRIS BLVD, SUITE 500	
City-St-Zip:	DAYTONA BEACH, 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:	1898 S. CLYDE MORRIS BLVD	
City-St-Zip:	DAYTONA BEACH, 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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 01/12/2009

Electronic Signature of Signing Officer or Director Date