2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000088058

Entity Name: LEE CO FUNDING, INC.

FILED Feb 07, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

12647 NEW BRITTANY BLVD 12453 S CLEVELAND AVE FORT MYERS, FL 339073631 FORT MYERS, FL 33907 US

Current Mailing Address: New Mailing Address:

12647 NEW BRITTANY BLVD P.O. BOX 60115

FORT MYERS, FL 339073631 FORT MYERS, FL 339076115 US

FEI Number: 65-0787663 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOOM, PETER W
12647 NEW BRITTANY BLVD
FT. MYERS, FL 33907 US
SOOM, PETER W
12453 S CLEVELAND AVE
FT. MYERS, FL 33907 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: PETER W SOOM 02/07/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition Name: SOOM, PETER W SOOM, PETER W

 Address:
 12647 NEW BRITTANY BLVD
 Address:
 12453 S CLEVELAND AVE

 City-St-Zip:
 FT MYERS, FL 33907 US
 City-St-Zip:
 FT MYERS, FL 33907 US

Title: STD () Delete Title: STD (X) Change () Addition
Name: LEACH, ELISA A Name: LEACH, ELISA A

 Name:
 LEACH, ELISA A
 Name:
 LEACH, ELISA A

 Address:
 5260-607 SOUTH LANDINGS DRIVE
 Address:
 15412 BRIARCREST CIR

 City-St-Zip:
 FT MYERS, FL 33919 US
 City-St-Zip:
 FT MYERS, FL 33912 US

Title: VPD () Delete Title: VPD (X) Change () Addition

 Name:
 MARSHMAN, DAVID T
 Name:
 MARSHMAN, DAVID T

 Address:
 12647 NEW BRITTANY BLVD
 Address:
 12453 S CLEVELAND AVE

 City-St-Zip:
 FT MYERS, FL 33907 US
 City-St-Zip:
 FT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify for the 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: PETER W SOOM P 02/07/2006