## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000088058

Entity Name: LEE CO FUNDING, INC.

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

STD

VPD

LEACH, ELISA A

15412 BRIARCREST CIR

FT MYERS, FL 33912 US

12453 S CLEVELAND AVE

FT MYERS, FL 33907 US

MARSHMAN, DAVID T

() Delete

( ) Delete

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
12453 S CLEVELAND AVE FORT MYERS, FL 33907 US	12453 S CLEVELAND AVE 200 FORT MYERS, FL 33907 US
Current Mailing Address:	New Mailing Address:
P.O. BOX 60115 FORT MYERS, FL 339076115 US	
FEI Number: 65-0787663 FEI Number Applied For ( ) FEI Number	nber Not Applicable ( ) Certificate of Status Desired ( )
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
SOOM, PETER W 12453 S CLEVELAND AVE FT. MYERS, FL 33907 US	SOOM, PETER W 12453 S CLEVELAND AVE 200 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	03/25/2009
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ( ).	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title:         PD ( ) Delete           Name:         SOOM, PETER W           Address:         12453 S CLEVELAND AVE           City-St-Zip:         FT MYERS, FL 33907 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

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: PETER W SOOM PD 03/25/2009

() Change () Addition

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