2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 20, 2004 8:00 am
Secretary of State
02-20-2004 90007 017 ***150.00

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02072004 Chg-P CR2E034 (10/03)

DOCUMENT # P98000018620

1. Entity Name
LEE J.P. GROUP, INC.

Principal Place of Business	Mailing Address
5 CORONA CT. PALM COAST, FL 32137	4632 VINCENNES BLVD. #101 CAPE CORAL, FL 33904

2. Principal Place of Business	3. Mailing Address
138 Palm Coast Pkwy #334	138 Palm Coast Pk, #334
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Coast, FL 32137	City & State: Palm Coast, Fl.
Zip: 32137 Country: U.S.A	Zip: 32137 Country: U.S.A.

4. FEI Number: 65-0822021 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

O'REILLY, LAWRENCE P
5 CORONA CT.
PALM COAST, FL 32137

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCEO O'REILLY, LAWRENCE P 5 CORONACT. PALM COAST, FL 32137 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition 138 Palm Coast Pkwy NE #334 Palm Coast, Fl. 32137
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: ______ 2-16-04 386-931-0931
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #