

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000072287

Entity Name: FIRST LEE MARKETING, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1120 HOMESTAED RD
101
LEHIGH ACRES, FL 33936

Current Mailing Address:

P O BOX 1508
LEHIGH ACRES, FL 339701508

New Principal Place of Business:

1120 HOMESTEAD RD
101
LEHIGH ACRES, FL 33936

New Mailing Address:

FEI Number: 65-0940887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PUTZ, HELGA
1430 SCENIC STREET
LEHIGH ACRES, FL 33936 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: P () Delete
Name: PUTZ, HELGA
Address: 1120 HOMESTAED RD STE 101
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D () Delete
Name: SCHACHINGER, CAROLINE
Address: 1120 HOMESTAED RD STE 101
City-St-Zip: LEHIGH ACRES, FL 33936

Title: V () Delete
Name: PUTZ, HERBERT
Address: 1430 SCENIC ST.
City-St-Zip: LEHIGH ACRES, FL 33936

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PUTZ, HELGA
Address: 1120 HOMESTEAD RD STE 101
City-St-Zip: LEHIGH ACRES, FL 33936

Title: D (X) Change () Addition
Name: SCHACHINGER, CAROLINE
Address: 1120 HOMESTEAD RD STE 101
City-St-Zip: LEHIGH ACRES, FL 33936

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: HELGA PUTZ

Electronic Signature of Signing Officer or Director

P

04/30/2008

Date