

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000081194

FILED
Mar 30, 2004
Secretary of State

Entity Name: ALTON LEE, INC.

Current Principal Place of Business:

8635 GUMTREE AVE.
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8635 GUMTREE AVE.
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 59-3598148 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEE, ALTON
8635 GUMTREE AVE.
NEW PORT RICHEY, FL 34653

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: LEE, ALTON
Address: 8635 GUMTREE AVE.
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: V () Delete
Name: LEE, SUE
Address: 8635 GUM TREE AVE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: D () Delete
Name: MORSE, MARI E
Address: 5438 AMY LANE
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D () Delete
Name: LEE, ANGELA
Address: 17416 HARMONY DRIVE
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: LEE, DAVID
Address: 5611 MALLOW ST
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THIERYUNG, MARI E
Address: 5316 DAWN LANE
City-St-Zip: HOLIDAY, FL 34690

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 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 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: ALTON LEE

P

03/30/2004

Electronic Signature of Signing Officer or Director

_____ Date