

**2005 FOR PROFIT CORP
ANNUAL REPO**

FOSS491 342043
NOTIFY SENDER OF
LEE FOSS ELECTRIC
6024 15TH ST E UI
BRADENTON FL 342

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90237 039 ***150.00

DOCUMENT # P99000093435

1. Entity Name

LEE FOSS ELECTRIC, INC.



Principal Place of Business

~~6111 15TH STREET EAST~~
BRADENTON, FL 34203

6024

15TH STREET
EAST #2

Mailing Address

~~PO BOX 21451~~
BRADENTON, FL 34204

CLOSED BOX

6024 15TH STREET EAST #2
BRADENTON FL
34203

20043962



02022005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0957645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MCWILLIAMS, LOUISE R
3318 ISLAND DATE CIRCLE
SARASOTA, FL 34232

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME RYPEL, DANIEL
STREET ADDRESS ~~6111 15TH STREET~~ 6915 245th STE.
CITY-ST-ZIP ~~BRADENTON, FL 34203~~ MYAKKA, FL 34257

TITLE D
NAME MCWILLIAMS, ROBERT E
STREET ADDRESS 3318 ISLAND DATE CIRCLE
CITY-ST-ZIP SARASOTA, FL 34232

TITLE D
NAME MCWILLIAMS, LOUISE R
STREET ADDRESS 3318 ISLAND DATE CIRCLE
CITY-ST-ZIP SARASOTA, FL 34232

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-18-05 9417561121