

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16939

Entity Name: G. LEE, INC.

FILED  
Apr 28, 2005  
Secretary of State

## Current Principal Place of Business:

2740 KATHERINE STREET  
FORT MYERS, FL 33901

## New Principal Place of Business:

8999 HIGH COTTON LN  
SUITE #3  
FORT MYERS, FL 33905

## Current Mailing Address:

2740 KATHERINE STREET  
FORT MYERS, FL 33901

## New Mailing Address:

8999 HIGH COTTON LN  
SUITE #3  
FORT MYERS, FL 33905

FEI Number: 65-0233960

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOVELACE, JOHN P.  
12950 TREELINE COURT  
N. FT. MYERS, FL 33903 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: PSD ( ) Delete  
Name: LOVELACE, JOHN P.,  
Address: 12950 TREELINE COURT  
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: VP ( ) Delete  
Name: LOVELACE, TIFFANY A MISS  
Address: 9711 BAY HARBOR CIR #105  
City-St-Zip: FT MYERS, FL 33919

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDS (X) Change ( ) Addition  
Name: LOVELACE, JOHN P.,  
Address: 12950 TREELINE COURT  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: JOHN P LOVELACE

PRES

04/28/2005

Electronic Signature of Signing Officer or Director

Date