

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16939

Entity Name: G. LEE, INC.

FILED
Jan 08, 2007
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

12950 TREELINE CT
N FT MYERS, FL 33903

Current Mailing Address:

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

New Mailing Address:

12950 TREELINE CT
N FT MYERS, FL 33903

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

Title: VP (X) 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: () 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 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: JOHN P LOVELACE

PRES

01/08/2007

Electronic Signature of Signing Officer or Director

Date