


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # S79393
 1. Entity Name
 DENNIS LEE INCORPORATED



Principal Place of Business 715 TALLAHASSEE DR N.E. ST. PETERSBURG, FL 33702 US	Mailing Address 715 TALLAHASSEE DR N.E. ST. PETERSBURG, FL 33702 US
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04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3091299	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, DENNIS
 715 TALLAHASSEE DR N.E.
 ST. PETERSBURG, FL 33702

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LEE, DENNIS 715 TALLAHASSEE DR N.E. ST. PETERSBURG, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD LEE, SANDRA 715 TALLAHASSEE DR N.E. ST. PETERSBURG, FL 33702
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 04/29/04-80186-005 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: Dennis Lee X Pres. 4-28-04/727-570-85
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #