


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 13, 2006 8:00 am**  
**Secretary of State**

03-13-2006 90061 012 \*\*\*150.00

<b>DOCUMENT # 536335</b> 1. Entity Name LEE A. MALTBY & SONS, INC.					
Principal Place of Business 475 POA BOY FARM RD ST. AUGUSTINE, FL 32092 US			Mailing Address 475 POA BOY FARMS ROAD ST. AUGUSTINE, FL 32092 US		
2. Principal Place of Business 1795 County Road 13A SO.			3. Mailing Address 1795 County Road 13A SO.		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State EIKTON, FL			City & State EIKTON, FL		
Zip 32033			Zip 32033		
Country USA			Country USA		
4. FEI Number 59-1748318			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  MALTBY, JOHN F. 475 POA BOY FARM ROAD POA BOY FARM ST. AUGUSTINE, FL			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable) 1795 County Road 13A SO.  City EIKTON FL Zip Code 32033		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MALTBY, JOHN 475 POA BOY FARM ROAD ST. AUGUSTINE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1795 County Road 13A SO EIKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALTBY, DANIEL 475 POA BOY FARM ROAD ST. AUGUSTINE, FL	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1795 County Road 13A SO. EIKTON, FL 32033
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <u>Daniel F. Maltby</u>			3/9/06 904-692-1013		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		