2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 536335

1. Entity Name

LEE A. MALTBY & SONS, INC.



FILED Apr 12, 2007 08:00 A Secretary of State

Principal Place of Business

1795 COUNTY RD 13 A SOUTH ELKTON, FL 32033 US

Mailing Address

1795 COUNTY RD 13 A SOUTH ELKTON, FL 32033 US



04052007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1748318

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MALTBY, JOHN F. 1795 COUNTY RD 13 A SOUTH ELKTON, FL 32033

DO NOT WRITE IN THIS SPACE

		•		IN THIS SPACE		
	named entity submits this statement for the p ions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and accept	
SIGNATURE_	Signature, typed or printed name of registered agent and title	applicable. (NOTE: Registered	Agent signature	required when re-nstaling)	DATE	
		 Election Campaign Finance Trust Fund Contribution. 	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST MALTBY, JOHN 1795 COUNTY RD 13 A SOUTH ELKTON, FL 32033			<u> </u>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MALTBY, DANIEL 1795 COUNTY RD 13 A ELKTON, FL 32033			04/20/07-80127-019 150.00		
NAME STREET ADDRESS CITY-S1-ZIP				DO NOT WRITE		
TITLE Name Street address City-St-Zip	•		IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
TITLE	l					

12. I hereby certify that the information supplied with this filling 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-9-07

9046921013

Date

Daytime Phone #