

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F06000006517

1. Entity Name
LEE MASONRY PRODUCTS, INC.



Principal Place of Business
**1004 N VINE ST
HOPKINSVILLE, KY 42240**

Mailing Address
**P.O. BOX 687
HOPKINSVILLE, KY 42241**



01302007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
61-0901825

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
2731 EXECUTIVE PK DR STE 4
WESTON, FL 33331**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000710401
04/25/07-80042-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEE, CAROL T
STREET ADDRESS	1575 HUNTS LN
CITY-ST-ZIP	BOWLING GREEN, KY 42101
TITLE	V
NAME	LEE, DAVID R
STREET ADDRESS	25 GOSHEN
CITY-ST-ZIP	FRANKFORT, KY 40601
TITLE	ST
NAME	LEE, BARRY S
STREET ADDRESS	25 GOSHEN
CITY-ST-ZIP	FRANKFORT, KY 40601
TITLE	O
NAME	LEE, JOHN B
STREET ADDRESS	2284 CARDWELL LN
CITY-ST-ZIP	FRANKFORT, KY 40601
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Barry S. Lee

Barry S. Lee

2/1/07

270-886-6696

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #