2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# F06000006517

Entity Name: LEE MASONRY PRODUCTS, INC.

Current Principal Place of Business:

1004 N VINE ST
HOPKINSVILLE, KY 42240

New Principal Place of Business:

1005 N VINE ST
HOPKINSVILLE, KY 42240

Current Mailing Address:

P.O.BOX 687
HOPKINSVILLE, KY 42241

New Mailing Address:

P.O.BOX 687
HOPKINSVILLE, KY 42241 US

FEI Number: 61-0901825 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PK DR STE 4
WESTON, FL 33331 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: P ( ) Delete
Name: LEE, CAROL T
Address: 1575 HUNTS LN
City-St-Zip: BOWLING GREEN, KY 42101

Title: V ( ) Delete
Name: LEE, DAVID R
Address: 25 GOSHEN
City-St-Zip: FRANKFORT, KY 40601

Title: ST ( ) Delete
Name: LEE, BARRY S
Address: 25 GOSHEN
City-St-Zip: FRANKFORT, KY 40601

Title: O (X) Delete
Name: LEE, JOHN B
Address: 2284 CARDWELL LN
City-St-Zip: FRANKFORT, KY 40601

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 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: BARRY S LEE ST 04/24/2008

Electronic Signature of Signing Officer or Director Date