

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # F98000001437	
1. Entity Name GUY C. LEE MFG. COMPANY	
Principal Place of Business 235 EAST MARKET STREET SMITHFIELD, NC 27577	Mailing Address PO BOX 608 SMITHFIELD, NC 27577



DO NOT WRITE IN THIS SPACE

05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 56-0295880	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD LAMPE, ROSS W 235 EAST MARKET STREET SMITHFIELD, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMPE, GUY 235 EAST MARKET STREET SMITHFIELD, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARRISH, ANN P 235 EAST MARKET STREET SMITHFIELD, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEPHENSON, THOMAS A 235 EAST MARKET STREET SMITHFIELD, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100000364844
05/09/05-80012-006 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(1), 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: Guy C. Lampe 5-1-05 919-934-3041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #