

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 05, 2007 08:00 A
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



03282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-0295880

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

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	

U000000691480
04/13/07-80012-014 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Guy L Lampe

03/28/07

Date

919-934-3041

Daytime Phone #