


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90082 027 ***150.00

DOCUMENT # J48732

1. Entity Name
LAMPCO I, INC.



Principal Place of Business Mailing Address

636 U.S. HIGHWAY ONE, SUITE 205 636 U.S. HIGHWAY ONE, SUITE 205
P.O. BOX 14457 P.O. BOX 14457
NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

PO Box 13180 **PO Box 13180**

Suite, Apt. #, etc. Suite, Apt. #, etc.

Suite 110 **Suite 110**

City & State City & State

NORTH PALM BEACH FL

Zip Country Zip Country

33408

40075824



04112007 Chg-P CR2E034 (12/06)

4. FEI Number Applied For

59-2750194 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LAMPERT, MICHAEL A ESQ. 1655 PALM BEACH LAKES BLVD. SUITE 900 WEST PALM BEACH, FL 33407	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City
	State Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DPS	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPERT, ARNOLD L	NAME	
STREET ADDRESS	636 U.S. HIGHWAY ONE, SUITE 205	STREET ADDRESS	Suite 110
CITY-ST-ZIP	N. PALM BEACH, FL	CITY-ST-ZIP	
TITLE	V	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMPERT, ANTHONY E	NAME	
STREET ADDRESS	636 U.S. HIGHWAY ONE, SUITE 205	STREET ADDRESS	Suite 110
CITY-ST-ZIP	N. PALM BEACH, FL	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR