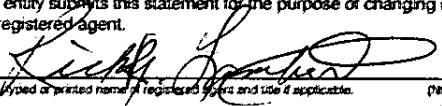
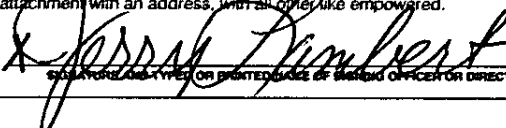


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90006 002 ***158.75

DOCUMENT # P02000027806 1. Entity Name LAMBERT INVESTMENTS, INC.			
Principal Place of Business 6424 14TH ST. WEST BRADENTON, FL 34207		Mailing Address 6424 14TH ST. WEST BRADENTON, FL 34207	
2. Principal Place of Business 10770-US HWY 19 Suite, Apt. #, etc. # 201		3. Mailing Address 10770-US HWY 19 Suite, Apt. #, etc. # 201	
City & State PINELLAS PARK, FL.		City & State PINELLAS FL.	
Zip 33782	Country PINELLAS	Zip 33782	Country USA.
4. FEI Number 01-0684067		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMBERT, RICK R 6424 14TH ST. WEST BRADENTON, FL 34207		7. Name and Address of New Registered Agent Name RICK R. LAMBERT Street Address (P.O. Box Number is Not Acceptable) 10770-US HWY 19 - # 201 City PINELLAS PARK FL Zip Code 33782	
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: 3-18-04 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, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, RICK R 6424 14TH ST. WEST BRADENTON, FL 34207	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMBERT, JERRY D 5890 63RD ST. NORTH ST. PETERSBURG, FL 33709	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 3-18-04 Daytime Phone #: 727-544-8300	