

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052509

Entity Name: LAMBERT & SCHMIDT, INC.

FILED
Apr 29, 2007
Secretary of State

Current Principal Place of Business:

16528 N. DALE MABRY HWY
TAMPA, FL 33618

New Principal Place of Business:

401 N PARSONS AVE
SUITE 107B
BRANDON, FL 33510

Current Mailing Address:

16528 N. DALE MABRY HWY
TAMPA, FL 33618 US

New Mailing Address:

PO BOX 352
BRANDON, FL 33510 US

FEI Number: 59-3386285

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, WALTER
16528 N. DALE MABRY HWY
TAMPA, FL 33618 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: LAMBERT, JOHN G
Address: 11533 HAMMOCK OAKS CT
City-St-Zip: LITHIA, FL 33547

Title: VP () Delete
Name: SCHMIDT, RANDALL
Address: 4711 STONEHOLLOW COURT
City-St-Zip: VALRICO, FL 33594

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: JOHN G LAMBERT

P

04/29/2007

Electronic Signature of Signing Officer or Director

_____ Date