# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**
**Apr 21, 2004 8:00 am**
**Secretary of State**
04-21-2004 90058 024 ***158.75

DOCUMENT # P02000046811

1. Entity Name

STEVEN R. LAMB, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1072 LEE ST<br>ENGLEWOOD FL 34224 | 1072 LEE ST<br>ENGLEWOOD FL 34224 |

MOORE CR2E034 (11/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 33-1003364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAMB, STEVEN
1026 LEE STREET
ENGLEWOOD FL 34224

**7. Name and Address of New Registered Agent**

Name: STEVEN R. LAMB, PA
Street Address (P.O. Box Number is Not Acceptable): 1072 LEE STREET
City: ENGLEWOOD **FL** Zip Code: 34224

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] STEVEN R. LAMB, PA - PRESIDENT 04/19/04
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, 2004 Fee will be $550.00**
**Make Check Payable to Florida Department of State**

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<br>LAMB, STEVEN R<br>1026 LEE STREET<br>ENGLEWOOD FL 34224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☒ Change ☐ Addition<br>1072 LEE STREET<br>ENGLEWOOD, FL 34224 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** [signature] STEVEN R. LAMB 04/19/04 941-474-1433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #