

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2006 8:00 am**  
**Secretary of State**

04-21-2006 90124 034 \*\*\*150.00

**DOCUMENT # 378682**

1. Entity Name

LAMBETH CITRUS PRODUCTS, INC.



Principal Place of Business

7150 20TH STREET STE A  
VERO BEACH, FL 32966

Mailing Address

PO BOX 2090  
VERO BEACH, FL 32961

**20034367**



**DO NOT WRITE IN THIS SPACE**

04062006 No Chg-P CR2E034 (11/05)

4. FEI Number

59-1361751

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LAMBETH-GEORGE-S  
7150 20TH STREET STE A  
VERO BEACH, FL 32966

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME LAMBETH JR, GEORGE S  
STREET ADDRESS 1455 48TH CT  
CITY-ST-ZIP VERO BEACH, FL

TITLE VD  
NAME LAMBETH, SCOTT W  
STREET ADDRESS 1405 46TH AVE  
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE T  
NAME LAMBETH, SCOTT W  
STREET ADDRESS 1405 46TH AVE  
CITY-ST-ZIP VERO BEACH, FL 32966

TITLE S  
NAME JENKINS, JUDITH  
STREET ADDRESS 7304 CABANA LANE  
CITY-ST-ZIP FT. PIERCE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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

Date

Daytime Phone #