



**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 10, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 378682</b> 1. Entity Name <b>LAMBETH CITRUS PRODUCTS, INC.</b>	
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Principal Place of Business <b>7150 20TH STREET STE A VERO BEACH, FL 32966</b>	Mailing Address <b>PO BOX 2090 VERO BEACH, FL 32961</b>
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**DO NOT WRITE IN THIS SPACE**



05072007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1361751</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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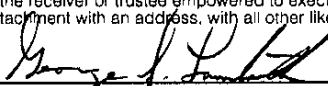
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMBETH JR, GEORGE S 1455 48TH CT VERO BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LAMBETH, SCOTT W 1405 46TH AVE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAMBETH, SCOTT W 1405 46TH AVE VERO BEACH, FL 32966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S JENKINS, JUDITH 7304 CABANA LANE FT. PIERCE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

1000000763730  
05/30/07-80026-030 550.00

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:**  **5/7/07 772 562 4502**

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