

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 13, 2008 08:00 AM
Secretary of State**

DOCUMENT # 395068

1. Entity Name
LAMBERT AUTOMOTIVE SUPPLY, INC.



Principal Place of Business
**4651 RIDGEWOOD
PT ORANGE, FL 32127-4513**

Mailing Address
**4651 RIDGEWOOD
PT ORANGE, FL 32127-4513**



01052008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1373948	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAMBERT, RICHARD
754 RENEGADE LN.
PORT ORANGE, FL 32127**

**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 renating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000325774
02/21/08-80021-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	LAMBERT, PATRICIA
STREET ADDRESS	754 RENEGADE LANE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	P
NAME	LAMBERT, RICHARD
STREET ADDRESS	754 RENEGADE LANE
CITY-ST-ZIP	PORT ORANGE, FL 32127
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **RICHARD R. LAMBERT**

2-13-08

386-767-7055

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #