

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90109 006 ***158.75

DOCUMENT # 467863

1. Entity Name
H. LAMM INDUSTRIES, INC.



Principal Place of Business
4425 NE 6TH TERRACE
FORT LAUDERDALE, FL 33334

Mailing Address
4425 NE 6TH TERRACE
FT LAUDERDALE, FL 33334

20033345



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1565005

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMM, HELMUT
4425 NE 6TH TERRACE
FORT LAUDERDALE, FL 33334

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE PDST
NAME LAMM, HELMUT
STREET ADDRESS 4425 NE 6TH TERRACE
CITY-ST-ZIP FT. LAUDERDALE, FL

TITLE V
NAME TOLLESON, ROBERT A
STREET ADDRESS 2900 N. COURSE DR #102
CITY-ST-ZIP POMPANO BEACH, FL

TITLE V
NAME HAWK, JEFFREY
STREET ADDRESS 4420 NW 12TH AV
CITY-ST-ZIP FT. LAUDERDALE, FL

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 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: Robert A. Tolleson V
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-07-05
Date

954-491-8929
Daytime Phone #