

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90005 020 ***150.00

DOCUMENT # 515079

1. Entity Name
TROY LAMB WHOLESALE CO.



Principal Place of Business
**1171 S. LAKESHORE BLVD
LAKE WALES, FL 33853**

Mailing Address
**1171 S. LAKESHORE BLVD
LAKE WALES, FL 33853**

54014841



01152004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1702335

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMB, TROY
1171 S. LAKESHORE BLVD
LAKE WALES, FL 33853**

**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 _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	LAMB, TROY
STREET ADDRESS	1171 S. LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	DECEASED
NAME	LAMB, GRACE M
STREET ADDRESS	1171 S. LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	LAMB, JAMES T
STREET ADDRESS	1171 S. LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	LAMB, EDWARD
STREET ADDRESS	1171 S. LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	D
NAME	SCARBOROUGH, MARILYN L
STREET ADDRESS	1171 S. LAKESHORE BLVD
CITY-ST-ZIP	LAKE WALES, FL 33853
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Troy Lamb **TROY LAMB** 02-27-04 863-678-3641
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #