

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 08:00 AM**  
**Secretary of State**

**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**



01172006 No Chg-P CR2E034 (11/05)

**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 re-registering) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 LAMB, TROY  
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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000486077  
04/13/06-80023-014 150.00

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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 or other like empowered.

SIGNATURE: Troy Lamb TROY LAMB 03-28-2006 863-676-2641  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #