

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90058 007 ***150.00

DOCUMENT # 535987	
1. Entity Name LAMBRECHT & ASSOCIATES, INC.	

Principal Place of Business 1700 9TH STREET NO., SUITE A ST. PETERSBURG, FL 33704	Mailing Address 1700 9TH STREET NO., SUITE A ST. PETERSBURG, FL 33704
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2. Principal Place of Business 1700 DR MLK ST No	3. Mailing Address 1700 DR MLK ST No
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St Petersburg FL	City & State St Petersburg FL
Zip 33704	Zip 33704
Country Pineellas	Country Pinellas

24017944



01272004 Chg-P CR2E034 (10/03)

4. FEI Number 59-1741858	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LAMBRECHT, CARL K. 1700 9TH STREET NO., SUITE A ST. PETERSBURG, FL 33704	
Name DR MLK St No	
Street Address (P.O. Box Number is Not Acceptable)	
City FL	Zip Code

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
Zip Code	

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: _____

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS LAMBRECHT, LEEANN 1632 BRIGHTWATERS BV NE ST. PETERSBURG FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ALLISON, JOHN L. 833 24 AVE N. ST. PETERSBURG, FL ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT CARL K. Lambrecht 1700 DR MLK St No St Petersburg FL 33704 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 live empowered.

SIGNATURE: *Carl K. Lambrecht* **1/27/04** **727 823-4300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone