

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 535987

FILED
Jan 14, 2009
Secretary of State

Entity Name: LAMBRECHT & ASSOCIATES, INC.

Current Principal Place of Business:

1700 DR MLK ST. NO.
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

1700 DR MLK ST. NO.
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 59-1741858 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBRECHT, CARL K.
DR MLK ST. NO.
ST. PETERSBURG, FL 33704 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VTS () Delete
Name: LAMBRECHT, LEEANN,
Address: 1632 BRIGHTWATERS BV NE
City-St-Zip: ST. PETERSBURG FL,

Title: P () Delete
Name: LAMBRECHT, CARL K
Address: 1700 DR. MLK JR. ST. NO
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VP () Delete
Name: MCCONNELL, JIM
Address: 1700 DR. MLK JR. STREET N
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: LAIRD, KEITH
Address: 1700 DR. MLK JR. STREET N
City-St-Zip: ST. PETERSBURG, FL

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATTY L COLE

OFFI

01/14/2009

Electronic Signature of Signing Officer or Director

_____ Date