

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 574550

FILED
Feb 09, 2009
Secretary of State

Entity Name: LAMPL/HERBERT CONSULTANTS, INC.

Current Principal Place of Business:

546 E. CALL STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 10129
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-1960341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMPL, LINDA L PH.D.
546 E CALL ST
TALLAHASSEE, FL 32301 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: PDA () Delete
Name: LAMPL, LINDA L PH.D.
Address: 546 E CALL ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD () Delete
Name: HERBERT, THOMAS A PH.D.
Address: 546 E CALL ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP () Delete
Name: BUTSCH, MARK J
Address: 1163 OLD FORT DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: DVP () Delete
Name: BULLOCK, MARTHA A
Address: 6724 VISALIA PLACE
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD () Delete
Name: BURTON, PATRICIA L
Address: 1163 OLD FORT DRIVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: BULLOCK, JAMES M
Address: 6724 VISALIA PLACE
City-St-Zip: TALLAHASSEE, FL 32317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

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: MARTHA BULLOCK

DIR

02/09/2009

Electronic Signature of Signing Officer or Director

Date