


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 29, 2007 08:00 A
Secretary of State

DOCUMENT # 656977 1. Entity Name LAMBCO CORPORATION INC.	
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Principal Place of Business 420 BEACH RD SARASOTA, FL 34242	Mailing Address 420 BEACH RD SARASOTA, FL 34242
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DO NOT WRITE IN THIS SPACE



06192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1974443	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**MESHAD, JOHN W
1900 RINGLING BLVD
SARASOTA, FL 33577**

**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 _____

000000766770
06/29/07-80002-006 158.75

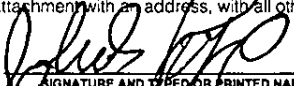

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOFINO, CHARLES J. 420 BEACH ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LOFINO, MICHAEL D. 628 BEACH ROAD SARASOTA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC GIGANTE, BARBARA 50 HILLVIEW LANE STATEN ISLAND, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GIGANTE, ROBERT 50 HILLVIEW LANE STATEN ISLAND, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOFINO, MICHAEL JR. 628 BEACH ROAD SARASOTA, FL
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 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 all other like empowered.

SIGNATURE:   **6-26-07** **941-346-7499**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #