


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
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 |
|---|---|

DO NOT WRITE IN THIS SPACE



02252008 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 59-1974443 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
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10. OFFICERS AND DIRECTORS

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|--|---|
| 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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04/01/08-80019-025 150.00

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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:  **3/1/08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #