

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 656977

FILED
Mar 23, 2009
Secretary of State

Entity Name: LAMBCO CORPORATION INC.

Current Principal Place of Business:

420 BEACH RD
SARASOTA, FL 34242

New Principal Place of Business:

5917 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

Current Mailing Address:

420 BEACH RD
SARASOTA, FL 34242

New Mailing Address:

5917 MIDNIGHT PASS ROAD
SARASOTA, FL 34242

FEI Number: 59-1974443

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESHAD, JOHN W
1900 RINGLING BLVD
SARASOTA, FL 33577 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: PD () Delete
Name: LOFINO, CHARLES J.,
Address: 420 BEACH ROAD
City-St-Zip: SARASOTA, FL

Title: DVP () Delete
Name: LOFINO, MICHAEL D.,
Address: 628 BEACH ROAD
City-St-Zip: SARASOTA, FL

Title: DC () Delete
Name: GIGANTE, BARBARA
Address: 50 HILLVIEW LANE
City-St-Zip: STATEN ISLAND, NY

Title: DVP () Delete
Name: GIGANTE, ROBERT,
Address: 50 HILLVIEW LANE
City-St-Zip: STATEN ISLAND, NY

Title: DT () Delete
Name: LOFINO, MICHAEL JR.,
Address: 628 BEACH ROAD
City-St-Zip: SARASOTA, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LOFINO, MICHAEL D.,
Address: 628 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DVP (X) Change () Addition
Name: GIGANTE BARBARA,
Address: 50 HILLVIEW LANE
City-St-Zip: STATEN ISLAND, NY 10304

Title: DC (X) Change () Addition
Name: GIGANTE JR., ROBERT
Address: 50 HILLVIEW LANE
City-St-Zip: STATEN ISLAND, NY 10304

Title: DVP (X) Change () Addition
Name: LOFINO JR., MICHAEL
Address: 628 BEACH ROAD
City-St-Zip: SARASOTA, FL 34242

Title: DT (X) Change () Addition
Name: GIGANTE, GIANA
Address: 50 HILLVIEW LANE
City-St-Zip: STATEN ISLAND, NY 10304

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: MICHAEL D LOFINO

PD

03/23/2009

Electronic Signature of Signing Officer or Director

_____ Date