

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**

**Jan 11, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F67233**

1. Entity Name  
**LAMB GROVES, INC.**



Principal Place of Business  
**% ROYAL LAMB  
702 WEST WINTHROP STREET  
AVON PARK, FL 33825**

Mailing Address  
**% ROYAL LAMB  
702 WEST WINTHROP STREET  
AVON PARK, FL 33825**



01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2163156</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LAMB, ROYAL  
702 WEST WINTHROP STREET  
AVON PARK, FL 33825**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LAMB, ROYAL
STREET ADDRESS	702 WEST WINTHROP ST.
CITY-ST-ZIP	AVON PARK, FL 33825

TITLE	STD
NAME	LAMB, MARCUS C
STREET ADDRESS	3820 COTTONWOOD DR
CITY-ST-ZIP	TITUSVILLE, FL 32781

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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01/12/06-80025-001 150.00

**DO NOT WRITE  
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:** Royal G. Lamb 1-6-06 863-453-4907  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #