2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #F67233

1. Entity Name LAMB GROVES, INC.



FILED Jul 10, 2007 08:00 AM **Secretary of State**

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



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) 07032007 No Chg-P

Applied For 4. FEI Number 59-2163156 Not Applicable \$8,75 Additional 5. Certificate of Status Desired

Fee Required

5. Name and Address of Current Registered Agent

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

changed, or on an attachment with

SIGNATURE:

DO NOT WRITE IN THIS SPACE

| 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. U00000757945 07/10/07-80024-024 150.00 | | | | | |
|--|---|--|--|--------------------------------|--|
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstailing) DATE | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2087 9. Election Campaign Finance Trust Fund Contribution. | | | | \$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. |
| 19. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LAMB, ROYAL 702 WEST WINTHROP ST. AVON PARK, FL 33825 | | | · | - |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD LAMB, MARCUS C 3820 COTTONWOOD DR TITUSVILLE, FL 32781 | | | - | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | · | | | IN ' | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZP | | | | | |
| 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 inclicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 | | | | | |