


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90259 029 \*\*\*150.00

<b>DOCUMENT # F95000001291</b> 1. Entity Name <b>REGENCY WINDSOR LAMBERT, INC.</b>					
Principal Place of Business <b>1025 FLAMEVINE LANE, SUITE 3 VERO BEACH, FL 32963</b>			Mailing Address <b>1025 FLAMEVINE LANE, SUITE 3 VERO BEACH, FL 32963</b>		
2. Principal Place of Business <b>1101 18th Place</b> Suite, Apt. #, etc.		3. Mailing Address <b>P.O. Box 1477</b> Suite, Apt. #, etc.			
City & State <b>Vero Beach, FL</b> Zip <b>32960</b> Country <b>USA</b>		City & State <b>Vero Beach, FL</b> Zip <b>32961</b> Country <b>USA</b>		4. FEI Number <b>36-3329512</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>LAMBERT, PHILIP A 1025 FLAMEVINE LANE VERO BEACH, FL 32963</b>			7. Name and Address of New Registered Agent Name <b>Lambert, Philip A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>1101 18th Place</b> City <b>Vero Beach</b> <b>FL</b> Zip Code <b>32960</b>		
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 _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>LAMBERT, ROY H</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>LAMBERT, PHILIP A</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>LOHUIS, NEAL R</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PURDIE, JOHN</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LAMBERT, JR., ROY H</b> <b>1025 FLAMEVINE LANE, SUITE 3</b> <b>VERO BEACH, FL 32963</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>Lambert, Roy H.</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>Lambert, Philip A.</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD</b> <b>Lohuis, Neal R.</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Purdie, John</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Lambert, Roy H. Jr.</b> <b>1101 18th Place</b> <b>Vero Beach, FL 32960</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <u>Neal R. Lohuis</u> <b>Neal R. Lohuis, Treasurer</b> <u>4/24/05</u> <b>(772) 778-8240</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					