2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H74472

LANE, GARY W

3376 LAKESHORE BLVD.

JACKSONVILLE, FL 32210

Name:

Address:

City-St-Zip:

Entity Name: LAMB'S YACHT CENTER, INC

FILED Jan 16, 2008 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:			
	ESHORE BLVD IVILLE, FL 3221	10 US				
Current M	lailing Address	s:	New Mailing Address:			
	ESHORE BLVD IVILLE, FL 3221	10 US				
FEI Number:	: 59-2579430	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and Address of	Name and Address of New Registered Agent:		
ONE INDE SUITE 130 JACKSON The above	IVILLE, FL 3220	VE 02 US	ourpose of changing its registere	d office or registered agent, or both,		
SIGNATUR						
0.014/ (1.01		c Signature of Registered Ag	ent	Date		
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICER	S AND DIRECT	ORS:	ADDITIONS/CHANG	ES TO OFFICERS AND DIRECTOR		
Title: Name: Address: City-St-Zip:	CEO () DOWNING, NIGH 3376 LAKESHOI JACKSONVILLE	RE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PCOO () DOWNING, NIGH 3376 LAKESHOI JACKSONVILLE	RE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	D () NIGHTINGALE, O 3376 LAKESHOI JACKSONVILLE	RE BLVD	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title:	D ()	Delete	Title:	() Change () Addition		

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.

Name:

Address:

City-St-Zip:

	SIGNATURE: DOWNING NIGHTI	NGALE. III	PRES	01/16/2008
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