


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # J30530</b> 1. Entity Name <b>LAMBERT CONSTRUCTION OF TALLAHASSEE, INC.</b>	
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Principal Place of Business  
**919 OLD BAINBRIDGE RD.  
TALLAHASSEE, FL 32303**

Mailing Address  
**919 OLD BAINBRIDGE RD.  
TALLAHASSEE, FL 32303**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2728096</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**DO NOT WRITE IN THIS SPACE**

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

**LAMBERT, JAMES W., JR.  
3011 INGRESS RD.  
TALLAHASSEE, FL 32303**

**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

1100001462586  
11/21/06 130039-025 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAMBERT, JAMES W., JR. 3011 INGRESS RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST LAMBERT, RHONDA H. 3011 INGRESS RD. TALLAHASSEE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, JAMES W SR 2016 WINTHROP WAY TALLAHASSEE WAY, FL 32312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/06**  
Date

Daytime Phone #

*Rhonda Lambert*