


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 08:00 A
Secretary of State

DOCUMENT # L81631 1. Entity Name ROBERT S. LAMMERT CONCRETE, INC.	
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Principal Place of Business 1486 SADDLERIDGE DR ORLANDO, FL 32835 US	Mailing Address 1486 SADDLERIDGE DR ORLANDO, FL 32835 US
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DO NOT WRITE IN THIS SPACE



01242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3022712	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 LAMMERT, ROBERT S.
 1486 SADDLERIDGE DR
 ORLANDO, FL 32835

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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. - OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMMERT, ROBERT S.
STREET ADDRESS	1486 SADDLERIDGE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:  ROBERT S. LAMMERT 2/19/07 407 399-4662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Du/Date Phone #