

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000080926

Entity Name: LAMBRIDES CONSULTING, INC.

FILED  
Aug 08, 2005  
Secretary of State

## Current Principal Place of Business:

5001 DOVER STREET NE  
ST PETERSBURG, FL 33703

## New Principal Place of Business:

206 EAST SOUTH STREET  
2033  
ORLANDO, FL 32801

## Current Mailing Address:

5001 DOVER STREET NE  
ST PETERSBURG, FL 33703

## New Mailing Address:

206 EAST SOUTH STREET  
2033  
ORLANDO, FL 32801

FEI Number: 41-2026957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

LAMBRIDES, ELIZABETH  
5001 DOVER STREET NE  
ST PETERSBURG, FL 33703 US

## Name and Address of New Registered Agent:

LAMBRIDES, ELIZABETH  
206 EAST SOUTH STREET  
2033  
ORLANDO, FL 32801 US

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.

SIGNATURE:

08/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PRES ( ) Delete  
Name: LAMBRIDES, ELIZABETH A  
Address: 5001 DOVER STREET NE  
City-St-Zip: ST PETERSBURG, FL 33703

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LAMBRIDES, ELIZABETH A  
Address: 206 EAST SOUTH STREET, 2033  
City-St-Zip: ORLANDO, FL 32801

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: JOHN LAMBRIDES

ADM

08/08/2005

Electronic Signature of Signing Officer or Director

Date