

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 28, 2005 8:00 am
Secretary of State

01-28-2005 90030 045 ***150.00

DOCUMENT # P03000123203 1. Entity Name LAMB & LAMB, INC.					
Principal Place of Business 714 SW LAKEVIEW DRIVE SEBRING, FL 33872			Mailing Address 714 SW LAKEVIEW DRIVE SEBRING, FL 33872		
2. Principal Place of Business 4406 Lakeview Drive		3. Mailing Address 4406 Lakeview Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Sebring, FL		City & State Sebring, FL		4. FEI Number 56-2418642	
Zip 33870		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAMB, ANN E 714 SW LAKEVIEW DRIVE SEBRING, FL 33872			7. Name and Address of New Registered Agent Name Ann E. Lamb Street Address (P.O. Box Number is Not Acceptable) 4406 Lakeview Drive City Sebring FL Zip Code 33870		
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 <u><i>Ann E Lamb</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE <u>1/24/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMB, ANN E 714 SW LAKEVIEW DRIVE SEBRING, FL 33872	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ann E. Lamb 4406 Lakeview Drive Sebring, FL 33870	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 	<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.					
SIGNATURE: <u><i>Ann E Lamb</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <u>1/24/05</u> (863) Daytime Phone # <u>381-3446</u>	