

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000128978**

1. Entity Name  
**LAMBCORP ENTERPRISES INC.**



Principal Place of Business  
**9717 ORR COURT SOUTH  
JACKSONVILLE, FL 32246**

Mailing Address  
**9717 ORR COURT SOUTH  
JACKSONVILLE, FL 32246**



04132008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**55-0852099**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

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

**LAMBERT, JEFFERY M  
9717 ORR COURT SOUTH  
JACKSONVILLE, FL 32246**

**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)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

DATE  
**05/01/08-80063-008 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE	PRES
NAME	LAMBERT, KAEDE
STREET ADDRESS	9717 ORR COURT SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	VPRE
NAME	LAMBERT, JEFFERY
STREET ADDRESS	9717 ORR COURT SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	SECR
NAME	LAMBERT, JEFFERY
STREET ADDRESS	9717 ORR COURT SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	TREA
NAME	LAMBERT, JEFFERY
STREET ADDRESS	9717 ORR COURT SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32246
TITLE	DIRE
NAME	LAMBERT, JEFFERY
STREET ADDRESS	9717 ORR COURT SOUTH
CITY - ST - ZIP	JACKSONVILLE, FL 32246
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: \_\_\_\_\_

*Jeffery M. Lambert*

**JEFFERY M. LAMBERT**

**41508 904-6458451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #