



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90490 017 \*\*\*150.00

<b>DOCUMENT # P03000138716</b> 1. Entity Name <b>DEAN LAMBERTSON, INC.</b>					
Principal Place of Business <b>10901 FELSDALE AVE NEW PORT RICHEY, FL 34668 US</b>			Mailing Address <b>10901 FELSDALE AVE NEW PORT RICHEY, FL 34668 US</b>		
2. Principal Place of Business <b>6308 Stone Rd.</b> Suite, Apt. #, etc.		3. Mailing Address <b>6308 Stone Rd.</b> Suite, Apt. #, etc.			
City & State <b>Port Richey, FL</b> Zip Country <b>34668 Pasco</b>		City & State <b>Port Richey, FL</b> Zip Country <b>34668 Pasco</b>		4. FEI Number <b>20-0423529</b> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				04272005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent <b>USACCOUNTING OFFICE, INC. 4815 E BUSCH BLVD SUITE 113 TAMPA, FL 33617</b>			7. Name and Address of New Registered Agent Name <b>Dean Lambertson</b> Street Address (P.O. Box Number is Not Acceptable) <b>6308 Stone Rd.</b> City <b>Port Richey</b> <b>FL</b> Zip Code <b>34668</b>		
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>DEAN L. LAMBERTSON</u> <i>Dean Lambertson</i> DATE <u>4/27/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating.)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,VP <b>LAMBERTSON, DEAN</b> <input type="checkbox"/> Delete <b>10901 FELSDALE AVE</b> <b>NEW PORT RICHEY, FL 34668</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6308 Stone Rd.</b> <b>Port Richey, FL 34668</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S, T <b>LAMBERTSON, DEAN</b> <input type="checkbox"/> Delete <b>10901 FELSDALE AVE</b> <b>NEW PORT RICHEY, FL 34668</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6308 Stone Rd.</b> <b>Port Richey, FL 34668</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 603, 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>DEAN L. LAMBERTSON</u> <i>Dean Lambertson</i> DATE <u>4/27/05</u> (127) 534-9878 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #</small>					