

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90252 005 ***150.00

DOCUMENT # P04000034777

1. Entity Name
RC-TD LAMB, INC.



Principal Place of Business
**1581 SPRING HOLLOW DRIVE
MONTICELLO, FL 32344 US**

Mailing Address
**1581 SPRING HOLLOW DRIVE
MONTICELLO, FL 32344 US**

50041696



2. Principal Place of Business
1581 Spring Hollow Dr.
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 766
Suite, Apt. #, etc.

03292005 Chg-P CR2E034 (10/03)

City & State
Monticello, Florida
Zip **32344** Country **U.S.**

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Monticello, Florida
Zip **32344** Country **U.S.**

4. FEI Number
74-3115471

Applied For —
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAMB, TWILA D
1581 SPRING HOLLOW DRIVE
MONTICELLO, FL 32344**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
N/A
City **FL** Zip Code

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 **Twila D. Lamb, President**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/18/05
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAMB, TWILA D 1581 SPRING HOLLOW DRIVE MONTICELLO, FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAMB, RAYMOND C 1581 SPRING HOLLOW DRIVE MONTICELLO, FL 32344	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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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: **Twila D. Lamb**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05
Date Daytime Phone #