2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000079511

1. Entity Name
L.A.M.B., INC.

Principal Place of Business	Mailing Address
P.O. BOX 500875 MARATHON, FL 33050	P.O. BOX 500875 MARATHON, FL 33050

DO NOT WRITE IN THIS SPACE

·01042007   No Chg-P   CR2E034 (11/05)

4. FEI Number 57-1205096	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LITTLEFIELD, LISA
1600 YELLOWTAIL DR
MARATHON, FL 33050

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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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000589136
01/18/07--80003-016 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PS
NAME	LITTLEFIELD, LISA
STREET ADDRESS	1600 YELLOWTAIL DR
CITY-ST-ZIP	MARATHON, FL 33050

TITLE	VT
NAME	GILBERT, ADRIENNE
STREET ADDRESS	P.O. BOX 430721
CITY-ST-ZIP	BIG PINE KEY, FL 33043

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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: _____Lisa Littlefield_____ 1/14/2007 305-393-0643

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #