


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000123710**

1. Entity Name  
**LAMBERTSON ART, INC**



Principal Place of Business <b>203 OAKAPPLE TRAIL          LAKE HELEN, FL 32744 US</b>	Mailing Address <b>203 OAKAPPLE TRAIL          LAKE HELEN, FL 32744 US</b>
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**DO NOT WRITE IN THIS SPACE**



03302006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-1549904</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAMBERTSON, LUDLOW  
 203 OAKAPPLE TRAIL  
 LAKE HELEN, FL 32744**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2006 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 LAMBERTSON, LUDLOW 203 OAKAPPLE TRAIL LAKE HELEN, FL 32744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S LAMBERTSON, RACHEL G 203 OAKAPPLE TRAIL LAKE HELEN, FL 32744
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 04/18/06-80023-023 150.00

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: *Ludlow Lambertson* Date: 3/30/06 (386) 228-3010  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #