


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 21, 2007 8:00 am**  
**Secretary of State**

08-21-2007 90007 018 \*\*\*558.75

<b>DOCUMENT # P04000150850</b>	
1. Entity Name <b>LAMBRIGHT CONSTRUCTION, INC.</b>	

Principal Place of Business <b>3469 CLARINDA STREET SARASOTA FL 34239 US</b>	Mailing Address <b>3469 CLARINDA STREET SARASOTA FL 34239 US</b>
-----------------------------------------------------------------------------------------	-----------------------------------------------------------------------------



2. Principal Place of Business - No P.O. Box # <b>3123 SARALAKE DR. N.</b>	3. Mailing Address <b>3123 SARALAKE, Dr. N.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

2nd MOORE CR2E034 (4/07)

City & State <b>SARASOTA FLA.</b>	City & State <b>SARASOTA FLA</b>
Zip <b>34239</b>	Country <b>SARASOTA</b>
Zip <b>34239</b>	Country <b>SARASOTA</b>

4. FEI Number <b>20-1856012</b>	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>LAMBRIGHT, HOMER H 3469 CLARINDA STREET SARASOTA FL 34239</b>	
-----------------------------------------------------------------------------------------------------------------------------	--

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
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 <b>Homer H Lambright</b>	DATE <b>8-15-07</b>

<b>FILE NOW!!! FEE IS \$550.00 DUE BY September 5, 2007 Make Check Payable to Florida Department of State</b>	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
-----------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DP LAMBRIGHT, WAYNE E 3469 CLARINDA STREET SARASOTA FL 34239</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DST LAMBRIGHT, HOMER H 3469 CLARINDA STREET SARASOTA FL 34239</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>DVP MILLER, MELVIN E 3469 CLARINDA STREET SARASOTA FL 34239</b>	
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 AD CITY-ST-Z	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>Dear Sir:</b>	
<b>Sorry, we moved</b>	
<b>&amp; they didn't forward</b>	
<b>this letter.</b>	
<b>Homer Lambright</b>	

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: <b>HOMER H. Lambright</b>	DATE: <b>8-15-07</b> / 941-374-3001