

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 08, 2006 8:00 am
Secretary of State

08-08-2006 90002 044 ***150.00

DOCUMENT # P05000009904

1. Entity Name

LAMMIC, INC.



Principal Place of Business

1719 KIRTLEY DRIVE
BRANDON FL 33511

Mailing Address

1719 KIRTLEY DRIVE
BRANDON FL 33511



2. Principal Place of Business

1719 Kirtley Drive
Suite, Apt. #, etc.

3. Mailing Address

1719 Kirtley DR
Suite, Apt. #, etc.

2nd MOORE

CR2E034 (4/06)

City & State

Brandon Florida

City & State

Brandon Florida

4. FEI Number

202842256

Applied For

Not Applicable

Zip
33511

Country
Hillsborough

Zip
33511

Country
Hillsborough

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAMBERT, MICHAEL E
1719 KIRTLEY DRIVE
BRANDON FL 33511

7. Name and Address of New Registered Agent

Name Michael E Lambert

Street Address (P.O. Box Number is Not Acceptable)

1719 Kirtley DR

Brandon

33511

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: Michael E Lambert

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

7-20-06

DATE

FILE NOW!!! FEE IS \$550.00

DUE BY September 6, 2006

Make Check Payable to Florida Department of State

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. ☒

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LAMBERT, MICHAEL E	
STREET ADDRESS	1719 KIRTLEY DRIVE	
CITY - ST - ZIP	BRANDON FL 33511	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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: Michael E Lambert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-20-06 (813)662-5747

Date

Daytime Phone #

8-1-06

TO DIV. OF. CORP.

ATTACHMENT
20051910

I did not receive letter form

From the State, I enclosed check
for \$150.00 yearly fee, I don't think
I should have to be charged a late fee.

Thank you.

Doc # R05000009904

Lammic Inc.