

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2008 8:00 am
Secretary of State

03-11-2008 90022 025 ***150.00

DOCUMENT # P07000133590	
1. Entity Name LAMPHERE CONSULTING, INC.	

Principal Place of Business 152 BAYWOOD AVENUE LONGWOOD FL 32750	Mailing Address 152 BAYWOOD AVENUE LONGWOOD FL 32750
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FE Number 26-1603800	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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SPIEGEL & UTRERA, P.A. LAURENCE LAMPHERE 1840 SW 22ND ST. 152 Baywood Ave 4TH FLOOR LONGWOOD FL 32750 MIAMI FL 33145	
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 <i>Laurence Lamphere</i>	DATE 2-26-08
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FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD LAMPHERE, LAURENCE 152 BAYWOOD AVENUE LONGWOOD FL 32750 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 my address, with all other like empowered.
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SIGNATURE: <i>Laurence Lamphere</i>	DATE: 2-26-08
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