

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P93000077981 1. Entity Name LAMBERT PROPERTIES OF TALLAHASSEE, INC.	
--	---

Principal Place of Business 919 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303	Mailing Address 919 OLD BAINBRIDGE ROAD TALLAHASSEE, FL 32303
---	---



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3210754	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent LAMBERT, JAMES W JR 3011 INGRESS ROAD TALLAHASSEE, FL 32303
--

**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 _____
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, 2006 Fee will be \$550.00

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

000000444107
03/06/06-80038-024 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, JAMES W JR 3011 INGRESS RD. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, RHONDA 3011 INGRESS RD. TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMBERT, J W SR 2018 WINTHROP WAY TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

Rhonda Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/06

Date

224-2473

Daytime Phone #

Rhonda Lambert