

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 04, 2008 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**



01082008 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 <input type="checkbox"/>	\$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)

010000880449
04/15/08 80061 010 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMBERT, JAMES W JR
STREET ADDRESS	3011 INGRESS RD.
CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	LAMBERT, RHONDA
STREET ADDRESS	3011 INGRESS RD.
CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE	D
NAME	LAMBERT, J W SR
STREET ADDRESS	2016 WINTHROP WAY
CITY - ST - ZIP	TALLAHASSEE, FL 32303
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 H. Lambert
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/08
Date

850/224-2473
Daytime Phone #