

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 08, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000060919

1. Entity Name
MACVICAR, FEDERICO & LAMB, INC.



Principal Place of Business
**4524 W. GUN CLUB ROAD
SUITE 201
WEST PALM BEACH, FL 33415 US**

Mailing Address
**4524 W. GUN CLUB ROAD
SUITE 201
W. PALM BEACH, FL 33415 US**



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0517831

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FLANIGAN, JOHN F
625 N. FLAGLER DRIVE
9TH FLOOR
WEST PALM BEACH, FL 33401**

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACVICAR, THOMAS K
STREET ADDRESS	4524 W. GUN CLUB RD., STE 201
CITY-ST-ZIP	W. PALM BEACH, FL
TITLE	VTD
NAME	FEDERICO, ANTHONY C
STREET ADDRESS	4524 W. GUN CLUB RD., SUITE 201
CITY-ST-ZIP	W. PALM BCH., FL
TITLE	VSD
NAME	LAMB, D. STEVEN
STREET ADDRESS	4524 W. GUN CLUB RD., STE 201
CITY-ST-ZIP	W. PALM BCH., FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/08/04 00005-004 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Thomas K. MacVicar **Thomas K. MacVicar 1-5-04 (601) 689-1708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #