

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 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**



01062005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0517831

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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.

N/A

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**U000000175826
01/10/05-80067-007 158.75**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MACVICAR, THOMAS K
4524 W. GUN CLUB RD., STE 201
W. PALM BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VTD
FEDERICO, ANTHONY C
4524 W. GUN CLUB RD., SUITE 201
W. PALM BCH., FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
LAMB, D. STEVEN
4524 W. GUN CLUB RD., STE 201
W. PALM BCH., FL**

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/06/05 561-689-1708

Date

Daytime Phone #