

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90223 021 ***150.00

DOCUMENT # P95000068567

1. Entity Name

LAMB PLUMBING, INC.



Principal Place of Business

1200 SOLANA AVENUE
STE 1
WINTER PARK FL 32789
US

Mailing Address

1200 SOLANA AVENUE
STE 1
WINTER PARK FL 32789
US

2. Principal Place of Business

3. Mailing Address

P.O. Box 789

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6 Chase Rd.

City & State

Windermore, FL

City & State

Windermore, FL

Zip

34786

Country

USA

Zip

34786

Country

USA

1st MOORE

CR2E034 (10/04)



20040200

4. FEI Number

59-3334132

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, RICHARD D
1200 SOLANA AVENUE
WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

Edith H. Lamb, Edith H. Lamb Secretary/Treasurer

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 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

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME LAMB, RICHARD D
STREET ADDRESS 1200 SOLANA AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE D ☒ Delete
NAME LAMB, JOHN T JR.
STREET ADDRESS 1200 SOLANA AVENUE
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ST ☐ Delete
NAME LAMB, EDITH H.
STREET ADDRESS 1200 SOLANA AVE.
CITY-ST-ZIP WINTER PARK FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Edith H. Lamb Edith H. Lamb Secretary/Treasurer 41405 407-6441911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #