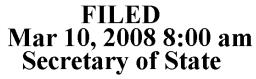
2008 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # DOCOO0102420



1. Entity Name LAMBRIX/BUSH WAREHOUSING, INC.							03-10-2008 90078 010 ***150.00					00
Principal Place of Business 787 COMMERCE DR UNIT 15 VENICE, FL 34292			7 U	Mailing Address 787 COMMERCE DR UNIT 15 VENICE, FL 34292				40°	 	[8] 10 10 10 10 10 10 10 1	11 910(0 (900) (00	
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			·	01092008	Chg-P	CR2E03	34 (12/06)	
City & State				City & State				4. FEI Numb 65-073			<u> </u>	plied For t Applicable
Zip	Country			Zip		ountry		5. Certificate	of Status Desired		\$8.75 Add ee Required	
6. Name and Address of Current Registered Agent						Name		7. Name and	Address of New	Registered A	gent	-
BUSH, DIANE R 787 COMMERCE DR UNIT 15 VENICE, FL 34292						Street Address (P.O. Box Number is Not Acceptable)						
<u>.</u>						City	FL Zip Co				Zip Code	9
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 whe obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature recuired when reinstating) DATE												
After Ma	E NOW!!! ay 1, 200	FEE IS \$150.0 B Fee will be \$	550.00	9. Election Campa Trust Fund Cont	tribution.	ncing	\$5. Add	00 May Be ed to Fees				
10: TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUSH, JC 787 COMI VENICE, I	DHN W S MERCE DR	S AND DIRE	Dolete Dolete		ıF .	787		ercebe.		☐ Change	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Delcte 111 BUSH, DIANE R 787 COMMERCE DR Delcte 111 Si					1	781	7 Commerce De, UNIT 15				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Dolete							Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Defete							Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		!					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete		1					Change	Addition
indicated of the cor	Lon this repor	rt or supplemental ri ne receiver or truste	eport is true e empowere	iling does not qualify for and accurate and that is d to execute this report il other like empowered	my signa Las requi	ture shall ha	ave the :	same legal effe	ct as if made unde	er oath; that I a	m an officer	or director