2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000003527

1. Entity Name LAMBERT'S T - H RECYCLING INC.



FILED Apr 15, 2005 8:00 am Secretary of State 04-15-2005 90081 028 ***150.00

THE THE SECRETARY OF TH	ente la la companya de la companya d	Same a R. Co., C. Harmanana menanggan		100							
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2. Principal Place of Busi	ness	3. Mailing Address	<u></u>								
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Suite, Apt. #, etc.		Stille, Apr. #, etc.				04082005	Chg-P		4 (10/03)		
SARA SOT	a Fla	SARASOTA		FI		4. FEI Number APPLIED	SOO	०७०५०	· 	plied For Applicable	
Zip	Country	Zip	Countr				of Status Desired		8.75 Addi	tional	
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		ageresed when		Name		7. Name and	1001000 01 1101	· neglatorou A	guin.		
LAMBERT, PAUL C 1925 19TH STREE	}	Street Address (P.O. Box Number is Not Acceptable)									
SARASOTA, FL 34	-										
[· · · ·			-	City	· · · · 				Zip Code		
				City				FL			
8. The above named ent	ity submits this statement for stered agent.	the purpose of changing its	registered	d office or re	egistere	d agent, or both)	, in the State of	Florida. I am fa	amiliar with, a	and accept	l
SIGNATURE	kamber	Commence .			L	تسسف	\	· `#/:	10/0	55	
Signature, type	ed by printed name of registered agent a	nd title if applicable. (NOTE	E: Registered	Agent signature	required v	when reinstating)		DATE	- /		!
EILE NOWII	! FEE I8:\$150.00	9. Election Campai	ign Financ	cing _	\$5.0)0 May Be					
After May 1, 200	05 Fee will be \$550.0	Trust Fund Cont	ribution.			d to Fees					
10.	OFFICERS AND	DIRECTORS .	11.			ADDITIONS/	CHANGES TO C	FFICERS AND	DIRECTORS	IN 11	
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	OTA, FL 34234		_	ST-ZIP				· · ·			
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indicatéd on this rep	the information supplied with port or supplemental report is	true and accurate and that i	my signati	ure shall hav	ve the s	ame legal effec	t as if made und	ler oath; that I a	m an officer	or director	
of the corporation or	the receiver or trustee emportant truck and the receiver or trustee emportant with an address.	wered to execute this report	as requir	ed by Chapt	ter 607,	Horida Statute	s; and that my n	ame appears in	Block 10 or	Block 11 if	
CICNIATURE (A O . A	- Paul 1	<i>l</i>	Abo.	To	H	110/6	5 91	41 LS	027	2
SIGNATURE	SIGNATURE AND TYPED OR I	PRINTED NAME OF BIGHING OFFICER	OR DIRECT	OR OR	<u>~ ` </u>	* 1	Date	De	sytime Phone #	<u>~_(</u>	4