2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2008 8:00 am
Secretary of State
05-09-2008 90007 014 ***150.00

DOCUMENT # P98000003527

1. Entity Name: Lambert's T-H Recycling

Principal Place of Business: Lambert's T-H Recycling Incorporated, 1925 19th Street, Sarasota, Florida 34234

Mailing Address: Lambert's T-H Recycling Incorporated, 1925 19th Street, Sarasota, Florida 34234

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04082005 Chg-P CR2E034 (10/03)

2. Principal Place of Business: Lambert's T-H Recycling Incorporated, 1925 19th Street, Sarasota, Florida 34234

3. Mailing Address: Lambert's T-H Recycling Incorporated, 1925 19th Street, Sarasota, Florida 34234

Suite, Apt. & etc.: Lambert's T-H Recycling Incorporated

City & State: 1925 19th Street, Sarasota, Florida 34234

Zip / Country

4. FEI Number: APPLIED FOR 800060957 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent:
LAMBERT, PAUL C
1925 19TH STREET
SARASOTA, FL 34234

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: Paul Lambert — Paul Lambert — 4/20/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning) DATE

FILE NOW!! FEE IS $150.00
After May 1, 2005 Fee will be $350.00

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete
	PAUL C. LAMBERT 1925 19TH STREET SARASOTA, FL 34234 (941) 364-3399
	Check # 2716

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: Paul Lambert — Paul Lambert — 4/20/08 — 9416502712
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #