

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 16, 2007 08:00 A
Secretary of State

DOCUMENT # S07341

1. Entity Name
LAMPHIER COMPANY



Principal Place of Business
131 COMMERCE WAY
SANFORD, FL 32771 US

Mailing Address
BOX 471057
LAKE MONROE, FL 32747-1057



03012007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3037502

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAMPHIER, CLARENCE J.
2160 MONTECITO AVE
DELTONA, FL 32738

**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.

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LAMPHIER, CLARENCE J.
STREET ADDRESS 2160 MONTECITO AVE
CITY- ST- ZIP DELTONA, FL

TITLE TSD
NAME LAMPHIER, ROBERT W.
STREET ADDRESS 2170 MONTECITO AVE
CITY- ST- ZIP DELTONA, FL 32738

TITLE VPD
NAME LAMPHIER, GARY M
STREET ADDRESS 2349 RIVER TREE CIRCLE
CITY- ST- ZIP SANFORD, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U00000663481
03/27/07-80073-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Robert W. Lamphier sec/treas

Date

3/13/07 407-330-1628

Daytime Phone #