2004 FOR PROFIT CORPORATION ANNUAL REPORT

| DOCUMENT # 541464 1. Entity Name LAWRENCE D. SHARE COMPANY, INC. | FILED 04 AUG 30 PM 1: 06 SECRETARY OF STATE |
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| Principal Place of Business Malling Address 1200 S PINE ISLAND RD 1200 S PINE ISLAND RD \$400 \$400 PLANTATION, FL 33324 US PLANTATION, FL 33324 US | FALLAHASSEE, FLORIDA |
| DO NOT WRITE IN THIS SPA | 01/28/64 80129 002 \$(50.0) 08202004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For 59-1758966 Not Applied be |
| 6. Name and Address of Current Registered Agent | 5. Certificate of Status Desired |
| SHARE, LAWRENCE 1200 S PINE ISLAND ROAD SUITE 400 PLANTATION, FL 33324 | 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 | |
| FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May Be Youst Fund Contribution. Added to Fees | |
| 10. OFFICERS AND DIRECTORS | |
| MILE PD NAME SHARE, LAWRENCE STREET ADDRESS 1200 S PINE ISLAND RD S400 CHY-SI-ZIP PLANTATION, FL | |
| TITLE NAME STREET ADDRESS CITY-ST-ZBF | |
| THE NAME STREEF ACCINESS CITY-S1-2P | DO NOT WRITE |
| TITLE NAME STRIET ADDRESS CITY-ST-ZIE | IN THIS SPACE |
| TITLE NAME STREET ADDRESS GITY-ST-ZIP | No late Fee changed payment mis applied in January |
| THLE 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 truetce 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 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | |