
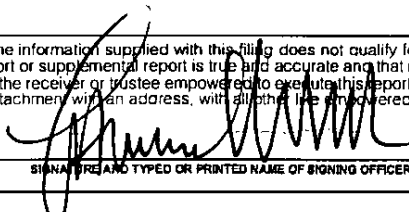


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90031 021 ***550.00

DOCUMENT # P0000068967					
1. Entity Name FRANCIS LAWRENCE DEVELOPMENT, INC.					
Principal Place of Business 1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145			Mailing Address 1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3674034	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SIKORSKI, LAWRENCE 267 SHADOW RIDGE CIRCLE MARCO ISLAND, FL 34146			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 _____ (NOTE: Registered Agent signature required when remaining) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BEVEVINO, FRANK H		NAME		
STREET ADDRESS	PO BOX 507		STREET ADDRESS		
CITY-ST-ZIP	PITTSTON, PA 18640		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SIKORSKI, LAWRENCE		NAME		
STREET ADDRESS	267 SHADOW RIDGE CT		STREET ADDRESS		
CITY-ST-ZIP	MARCO ISLAND, FL 34145		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 information required.					
SIGNATURE: 		LAWRENCE SIKORSKI		8-28-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	



08272008 Chg-P CR2E034 (12/06)

239-642-5326