

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000069714	
1. Entity Name LAWRENCE PLUMBING, INC.	
Principal Place of Business 2235 HIGHWAY 60 EAST BARTOW, FL 33830	Mailing Address 175 CECILE COURT BARTOW, FL 33830



01292008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5175557	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent O'TOOLE, NEAL L 310 EAST MAIN STREET BARTON, FL 33830		DO NOT WRITE IN THIS SPACE
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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, 2008 Fee will be \$550.00**

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	PSD MEEKS, KENNETH A 2235 HIGHWAY 60 EAST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MEEKS, KAREN L 2235 HIGHWAY 60 EAST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEEKS, RALPH E 2235 HIGHWAY 60 EAST BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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

3/10/08 581-6163
Date Daytime Phone #