


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90677 027 ***163.75

DOCUMENT # 552625	
1. Entity Name LAWRENCE ECONOMIC CONSULTING, INC.	

Principal Place of Business 437 GOLDEN ISLE DR APT 120 HALLANDALE FL 33009	Mailing Address PO BOX 3567 HALLANDALE BEACH FL 33008
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2. Principal Place of Business 6307 South Highway A1A Suite, Apt. #, etc. Apt. #253	3. Mailing Address 6307 South Highway A1A Suite, Apt. #, etc. Apt. #253
City & State Melbourne Beach, FL	City & State Melbourne Beach, FL
Zip 32951	Country USA
Zip 32951	Country USA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent GLAUBINGER, LAWRENCE D 437 GOLDEN ISLE DR HALLANDALE FL 33009	7. Name and Address of New Registered Agent Name: Lawrence D. Glaubinger Street Address (P.O. Box Number is Not Acceptable): 6301 South Highway A1A Apt. #253 City: Melbourne Beach FL Zip Code: 32951
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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: Lawrence D. Glaubinger *Lawrence D. Glaubinger* 4/7/04
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete GLAUBINGER, LAWRENCE D PO BOX 3567 HALLANDALE FL 33008	TITLE President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glaubinger Lawrence D. 6307 South Highway A1A, Apt. 253 Melbourne Beach, FL, 32951
TITLE STD	<input type="checkbox"/> Delete GLAUBINGER, LUCIENNE PO BOX 3567 HALLANDALE FL 33008	TITLE Secy. Treas., Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glaubinger Lucienne 6307 South Highway A1A Melbourne Beach, FL. 32951
TITLE D	<input type="checkbox"/> Delete STONEBERGER, ROBERT 6307 HWY A1A S MELBOURNE BEACH FL 32951	TITLE Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Stoneberger Robert 388 Dickson Pt. RD. Plattsburgh, N.Y. 12901
TITLE VD	<input type="checkbox"/> Delete FRANZBLAU, S. M. 6 KIPS RIDGE MONTCLAIR NJ 07042	TITLE Vice Pres., Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lawrence D. Glaubinger* Lawrence D. Glaubinger 4/7/04 321 409 6041
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #