

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 552625

FILED
Apr 21, 2009
Secretary of State

Entity Name: LAWRENCE ECONOMIC CONSULTING, INC.

Current Principal Place of Business:

6307 SOUTH HWY A1A
APT. #253
MELBOURNE BEACH, FL 32951 US

New Principal Place of Business:

Current Mailing Address:

6307 SOUTH HWY A1A
APT. #253
MELBOURNE BEACH, FL 32951 US

New Mailing Address:

FEI Number: 13-2915421 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLAUBINGER, LAWRENCE D
6307 SOUTH HIGHWAY A1A
APT. #253
MELBOURNE BEACH, FL 32951 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GLAUBINGER, LAWRENCE D
Address: 6307 SOUTH HIGHWAY A1A, APT. 253
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: STD () Delete
Name: GLAUBINGER, LUCIENNE
Address: 6307 SOUTH HIGHWAY A1A
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: STONEBERGER, ROBERT
Address: 388 DICKSON PT. RD.
City-St-Zip: PLATTSBURGH, NY 12901

Title: VPD () Delete
Name: FRANZBLAU, S. M.
Address: 6 KIPS RIDGE
City-St-Zip: MONTCLAIR, NJ 07042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN J. GLOZNEK, CPA

Electronic Signature of Signing Officer or Director

REP.

04/21/2009

_____ Date