

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603819

FILED  
Apr 11, 2008  
Secretary of State

**Entity Name:** THE LAWRENCE GROUP CHARTERED ARCHITECTS AND PLANNERS, INC.

**Current Principal Place of Business:**

205 WORTH AVENUE  
SUITE 301  
PALM BEACH, FL 33480

**New Principal Place of Business:**

**Current Mailing Address:**

205 WORTH AVENUE  
SUITE 301  
PALM BEACH, FL 33480

**New Mailing Address:**

**FEI Number:** 59-1410508      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LAWRENCE, EUGENE PRES  
205 WORTH AVENUE  
SUITE 301  
PALM BEACH, FL 33480 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: SPT ( ) Delete  
Name: LAWRENCE, EUGENE  
Address: 205 WORTH AVENUE, #301  
City-St-Zip: PALM BEACH, FL 33480 US

Title: VP ( ) Delete  
Name: HORNSBY, MARY L  
Address: 205 WORTH AVENUE, #301  
City-St-Zip: PALM BEACH, FL 33480 US

Title: D ( ) Delete  
Name: LAWRENCE, EUGENE  
Address: 205 WORTH AVENUE, #301  
City-St-Zip: PALM BEACH, FL 33480 US

**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:

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: MARY L. HORNSBY

VP

04/11/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date