

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # 655283

1. Entity Name
LAWRENCE W. CARROLL, JR., PROFESSIONAL ASSOCIATION



Principal Place of Business
**706 TURNBULL AVENUE
 SUITE 202
 ALTAMONTE SPGS., FL 32701 US**

Mailing Address
**706 TURNBULL AVENUE
 SUITE 202
 ALTAMONTE SPGS., FL 32701 US**



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1965893** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**CARROLL, LAWRENCE W JR
 706 TURNBULL AVENUE
 SUITE 202
 ALTAMONTE SPGS., FL 32701**

**DO NOT WRITE
 IN THIS SPACE**

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DP**
 NAME **CARROLL, LAWRENCE W, JR**
 STREET ADDRESS **706 TURNBULL AVENUE, SUITE 202**
 CITY-ST-ZIP **ALTAMONTE SPRINGS, FL 32701**

TITLE **S**
 NAME **LENZEN, ALEXANDRA**
 STREET ADDRESS **550 LAKE KATHRYN CIR**
 CITY-ST-ZIP **CASSELBERRY, FL 32707**

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000000411647
 02/10/06-80015-014 150.00

**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 of the 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

[Handwritten Signature]
 1/23/06 (407) 268-5588
 Date Daytime Phone #