

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 655283

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** LAWRENCE W. CARROLL, JR., PROFESSIONAL ASSOCIATION

**Current Principal Place of Business:**

706 TURNBULL AVENUE  
SUITE 302  
ALTAMONTE SPGS., FL 32701 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 941148  
MAITLAND, FL 32794 US

**New Mailing Address:**

**FEI Number:** 59-1965893

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARROLL, LAWRENCE W JR  
706 TURNBULL AVENUE  
SUITE 302  
ALTAMONTE SPGS., FL 32701 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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: CARROLL, LAWRENCE W, JR  
Address: 706 TURNBULL AVE., STE 302  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: S  
Name: LENZEN, ALEXANDRA  
Address: 550 LAKE KATHRYN CIR  
City-St-Zip: CASSELBERRY, FL 32707

I hereby 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 all other like empowered.

SIGNATURE: L.W. CARROLL, JR. \_\_\_\_\_

Electronic Signature of Signing Officer or Director

PRES

04/18/2011

\_\_\_\_\_ Date