2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2008 8:00 am
Secretary of State
07-28-2008 90029 028 ***550.00

DOCUMENT # F02000001848

1. Entity Name
CECIL LAWRENCE INCORPORATED

Principal Place of Business	Mailing Address
4522 VILLA RICA HWY. DALLAS, GA 30152	4522 VILLA RICA HWY. DALLAS, GA 30152

07172008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 03-0378239 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

BARNES, KELLY
1811 IDLEWILD AVE.
GREEN COVE SPRINGS, FL 32043

7. Name and Address of New Registered Agent

Name Norman Gary Smith
Street Address (P.O. Box Number is Not Acceptable)
1333 Ellis Trace
City Jacksonville FL Zip Code 32205

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, LETTIE L 4522 VILLA RICA HWY. DALLAS, GA 30157	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAWRENCE, CECIL 4522 VILLA RICA HWY. DALLAS, GA 30152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LAWRENCE, MIKE 4522 VILLA RICA HWY. DALLAS, GA 30152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST FINCHER, MELINDA 4522 VILLA RICA HWY. DALLAS, GA 30152	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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ATTACHMENT

6004523

DOCUMENT # F02000001848

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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARNES, KELLY 1811 IDLEWILD AVE. GREEN COVE SPRINGS, FL 32043	Name: NORMAN GARY Smith Street Address (P.O. Box Number is Not Acceptable): 1333 Ellis Trace City: Jacksonville FL Zip Code: 32205

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: Norman Gary Smith NORMAN Gary Smith 7-22-08
Signature, typed or printed name of registered Agent (And title if Applicable) (NOTE: Registered Agent signature required when changing) DATE

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SIGNATURE: Melinda Fincher 7/23/08 770-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #