2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# G11365

Entity Name: LAWRENCE INSURANCE AGENCY, INC.

Current Principal Place of Business:

2020 SOUTH PARROT AVE.
P. O. BOX 549 (34973)
OKEECHOBEE, FL 34974

New Principal Place of Business:

Current Mailing Address:

2020 SOUTH PARROTT AVE.
P. O. BOX 549 (34973)
OKEECHOBEE, FL 34974

New Mailing Address:

FEI Number: 59-2238816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAWRENCE, RONNIE
2020 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 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
Name: LAWRENCE, RONNIE R PD
Address: 2020 S.PARROTT AVE.
City-St-Zip: OKEECHOBEE, FL

Title: STD
Name: LAWRENCE, ELLAIN
Address: 2020 S PARROTT AVE
City-St-Zip: OKEECHOBEE, FL

Title: VP
Name: LAWRENCE, HEATH
Address: 2020 S PARROTT AVE
City-St-Zip: OKEECHOBEE, FL 34974

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: ELLAIN LAWRENCE SD 02/16/2010

Electronic Signature of Signing Officer or Director — Date