

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G11365

FILED  
Mar 07, 2011  
Secretary of State

**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

**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: RONNIE LAWRENCE

PDIR

03/07/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date