

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)



**FILED**  
**Feb 16, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G30573</b>	
1. Entity Name <b>GARY P. LAWRENCE INSURANCE CO.</b>	
Principal Place of Business <b>14466 MILITARY TRAIL #8 DELRAY BEACH FL 33484</b>	Mailing Address <b>14466 MILITARY TRAIL #8 DELRAY BEACH FL 33484</b>
<i>Same</i>	
2. Principal Place of Business - No P.O. Box # <b>14466</b>	3. Mailing Address <b>Military Trail</b>
Suite, Apt. #, etc. <b>#8</b>	Suite, Apt. #, etc.



1st MOORE CR2E034 (10/06)

City & State <b>Delray Beach FL</b>	City & State <b>FL</b>	4. FEI Number <b>59-2274628</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33484</b>	Country <b>Palm Beach</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
<b>LAWRENCE, GARY P. 14466 MILITARY TRAIL #8 DELRAY BEACH FL 33484</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b>	Zip Code

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 re-registering)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> <b>\$5.00</b> May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>PST</b> <b>LAWRENCE, GARY P</b> <b>14466 MILITARY TRAIL #8</b> <b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>U00000638474</b> <b>02/27/07-80033-001 150.00</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D</b> <b>LAWRENCE, GARY P</b> <b>14466 MILITARY TRAIL #8</b> <b>DELRAY BEACH FL 33484</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** **1-22-07** **561-499-7113**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #