


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 22, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90076 035 \*\*\*150.00

DOCUMENT # G30573			
1. Entity Name GARY P. LAWRENCE INSURANCE CO.			
Principal Place of Business 14466 MILITARY TRAIL #8 DELRAY BEACH, FL 33484		Mailing Address 14466 MILITARY TRAIL #8 DELRAY BEACH, FL 33484	
2. Principal Place of Business - No P.O. Box # 8401 Lake Worth Rd.		3. Mailing Address 8401 Lake Worth Rd	
Suite, Apt. #, etc. #131		Suite, Apt. #, etc. #131	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33467	Country US	Zip 33467	Country US
6. Name and Address of Current Registered Agent LAWRENCE, GARY P. <del>14466 MILITARY TRAIL</del> #8 DELRAY BEACH, FL 33484		7. Name and Address of New Registered Agent Name Lawrence, Gary P. Street Address (P.O. Box Number is Not Acceptable) 8401 Lake Worth Rd #131 City Lake Worth FL Zip Code 33467	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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	PST LAWRENCE, GARY P 14466 MILITARY TRAIL #8 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST Lawrence, Gary P. 8401 Lake Worth Rd Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE, GARY P 14466 MILITARY TRAIL #8 DELRAY BEACH, FL 33484 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Lawrence, Gary P. 8401 Lake Worth Rd. Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: <u>Gary Lawrence</u>		Date: <u>1-9-08</u> Daytime Phone #: <u>561-499-7113</u>	