

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G30573

FILED
Apr 10, 2009
Secretary of State

Entity Name: GARY P. LAWRENCE INSURANCE CO.

Current Principal Place of Business:

8401 LAKE WORTH RD 131
LAKE WORTH, FL 33467

New Principal Place of Business:

8401 LAKE WORTH RD
131
LAKE WORTH, FL 33467

Current Mailing Address:

8401 LAKE WORTH RD 131
LAKE WORTH, FL 33467

New Mailing Address:

8401 LAKE WORTH RD
131
LAKE WORTH, FL 33467

FEI Number: 59-2274628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWRENCE, GARY P.
8401 LAKE WORTH RD 131
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

LAWRENCE, GARY P.
8401 LAKE WORTH RD
131
LAKE WORTH, FL 33467 US

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

04/10/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LAWRENCE, GARY P
Address: 8401 LAKE WORTH RD
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GARY P.LAWRENCE

Electronic Signature of Signing Officer or Director

PRES

04/10/2009

Date