


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 08:00 AM
Secretary of State

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| DOCUMENT # H90788 |  |
| 1. Entity Name LAWRENCE W. EVANS & CO., INC. | |

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| Principal Place of Business P. O. BOX 25789 SARASOTA, FL 34239 US | Mailing Address P. O. BOX 25789 SARASOTA, FL 34277-2789 US |
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03062006 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 06-1115122 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent EVANS, LAWRENCE W. 1747 HAWTHORNE ST. SARASOTA, FL 34239 |
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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** _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 1000000462473 03/21/06-80038-003 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DPS EVANS, LAWRENCE W. 1747 HAWTHORNE ST. SARASOTA, FL |
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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 Lawrence W. Evans, Lawrence W. Evans, Pres. **DATE** 6, 2006 **Daytime Phone #** 941-971-6467