


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90266 028 \*\*\*150.00

<b>DOCUMENT # J54132</b>	
1. Entity Name <b>LAWRENCE TALBOT, INC.</b>	

Principal Place of Business <b>3415 COLLIER BLVD. 4093 SKYWAY DRIVE NAPLES, FL 34106 #34 NAPLES, FL 34112</b>	Mailing Address <b>506 GORDONIA ROAD 4093 SKYWAY DR. NAPLES, FL 34108 #34 NAPLES, FL 34112</b>
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**DO NOT WRITE IN THIS SPACE**



04042005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2818709</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>BEYRENT, GARRETT F. X. 506 GORDONIA ROAD 4093 SKYWAY DRIVE, #34 NAPLES, FL 34108 NAPLES, FL 34112</b>
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IN THIS SPACE**

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 After May 1, 2005 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST BEYRENT, GARRETT F. X. 506 GORDONIA ROAD 4093 SKYWAY DRIVE, #34 NAPLES, FL 34108 NAPLES, FL 34112
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV BEYRENT, GARRETT F. X. 506 GORDONIA ROAD 4093 SKYWAY DRIVE #34 NAPLES, FL 34108 NAPLES, FL 34112
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or other like empowered.

SIGNATURE: Teryl H. Brzeski Trustee 4/6/05 239-434-5944  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

TERYL H. BRZESKI