

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K89660

1. Entity Name
W. A. LAWRENCE, INC.



Principal Place of Business
1375 SIROCCO ST.
FT MYERS, FL 33919 US

Mailing Address
1375 SIROCCO ST
FT MYERS, FL 33919 US

FILED

05 MAY -6 PM 12: 21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04222005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0121113

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, W A
1375 SIROCCO ST
FT MYERS, FL 33919

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ST
NAME LAWRENCE, MARY D.
STREET ADDRESS 1375 SIROCCO STREET
CITY-ST-ZIP FT. MYERS, FL

TITLE D
NAME LAWRENCE, W.A.
STREET ADDRESS 1375 SIROCCO STREET
CITY-ST-ZIP FT. MYERS, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600054013486
05/06/05--01063--011 **550.00

**DO NOT WRITE
IN THIS SPACE**

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 all other like empowered.

SIGNATURE: MARY D. LAWRENCE Mary D. Lawrence 5-2-05 239-433-0085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #