2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2006 08:00 AM Secretary of State

ARRIVAL REPORT					111ay 01, 2000 00.00 1111		
DÓCUMENT # K89660 1. Entity Name W. A. LAWRENCE, INC.			-		Secret	ary of Sta	te
Principal Place of Business Malling Address				<u> </u>	1		
1375 SIROCCO ST.		1375 SIROCCO ST			i		
FT MYERS, FL 33919 US		FT MYERS, FL 33919 US					
		THE MILITIAL STORY			L CARACTURE SENT CONTRACTOR SE	Hybri Sibir Sibir dibir disbir dibir Sib	HT### 5 51 1995
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #. etc.		04262006 Chg-P	CR2E034 (11/05)		
City & State		City & State		4. FEI Number 65-0121113		pplied For at Applicable	
Zip	Country	Zip	Coun	ktry	5. Certificate of Status Desired	\$8.75 Add	itional
	6. Name and Address of Current	Registered Agent	. J	}	7. Name and Address of New R	<u> </u>	-
				Name			•
LAWRENCE, WA							-
1375 SIROCCO ST FT MYERS, FL 33919			-	Street Address (P.O. Box Number is Not Acceptable) 	
				City		FL Zip Cod	Ð
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 Speakurs, typed or primed name of registered agent and title (I applicable (NOTE: Registered Agent signature required when reinstating) DATE							
FILE NOWITH FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees							
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11
BILE	ST	☐ Delete	πυ	•		☐ Change	Addition
NAME	LAWRENCE, MARY D.		NAM	Ε	HAAAAH	543798	
STREET ADDRESS	1375 SIROCCO STREET			et address	05/11/06-	54379 9 80010-004 15	0.00
City-ST-ZIP	FT. MYERS, FL		CITY	-ST-ZIP			
TITLE	D	☐ Delete	TSTEE	: }		🔲 Change	🗀 Addition
NAME	LAWRENCE, W.A.		NAM	- 5			
STREET ADDRESS	1375 SIROCCO STREET			ET ADDRESS			
CITY-ST-ZIP	FT. MYERS, FL		-	-ST-ZIP			
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NAME		☐ Defete	TITCE NAME	1		☐ Change	☐ Addition
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CITY-ST-ZIP			•	-ST-21P			
mie		☐ Dolete	33114			☐ Change	Addition
NAME			NAM	i			round
STREET ADDRESS			STRE	ET ADOMESS			
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TITLE		☐ Delete	m		<u> </u>	☐ Change	☐ Addition
NAMC			NAMI	£ }			i
STREET ADDRESS				et adoress			İ
CITY-ST-ZIP		·		-ST-ZIP			
12. Thereby certify that the information supplied with this filling 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 eath, 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 empowerer	t	,			