


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90308 016 \*\*\*150.00

<b>DOCUMENT # L16543</b> 1. Entity Name <b>LAWRENCE FENCE CORP.</b>	
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Principal Place of Business <b>211 COMMERCE WAY #4-B JUPITER, FL 33458</b>	Mailing Address <b>211 COMMERCE WAY #4-B JUPITER, FL 33458</b>
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**66017956**



03282005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0145594</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>LAWRENCE, GLORIA 211 COMMERCE WAY #4-B JUPITER, FL 33458</b>
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**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 ☐ **\$5.00** May Be Added to Fees  
☐ Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE, DANIEL L 429 ASHLEY LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LAWRENCE, GLORIA J. 429 ASHBY LANE PALM CITY, FL 34990
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**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, without one like empowered.

SIGNATURE: *[Signature]* **PLST/D 5/16/5 5617474228**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone