2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State
02-08-2005 90008 015 ***150.00

DOCUMENT # L58899

1. Entity Name

LAWRENCE T. VANCE CPA & ASSOCIATES, P.A.

Principal Place of Business	Mailing Address
2100 W SR 434 SUITE 1040 LONGWOOD FL 32779	2100 W SR 434 SUITE 1040 LONGWOOD FL 32779

1st MOORE CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
160 INTERNATIONAL PKWY	LAWRENCE T. VANCE, CPA & ASSOCIATES, PA Certified Public Accountant
Suite, Apt. #, etc. SUITE 280	Suite, Apt. #, etc. P.O. Box 952409
City & State LAKE MARY, FL	City & State Lake Mary, FL 32795-2409
Zip 32746 Country	Zip Country

4. FEI Number 59-2997658 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VANCE, LAWRENCE T. 749 PRESERVE TERR. LAKE MARY FL 32746	Name LAWRENCE T. VANCE Street Address (P.O. Box Number is Not Acceptable) 160 INTERNATIONAL PKWY SUITE # 280 City LAKE MARY FL Zip Code 32746

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VANCE, LAWRENCE T 2100 W SR 434 SUITE 1040 LONGWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAWRENCE T. VANCE LAWRENCE T. VANCE, CPA & ASSOCIATES, PA Certified Public Accountant P.O. Box 952409 Lake Mary, FL 32795-2409 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST VANCE, DEBORAH L 2100 W SR 434 SUITE 1040 LONGWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DEBORAH L. VANCE LAWRENCE T. VANCE, CPA & ASSOCIATES, PA Certified Public Accountant P.O. Box 952409 Lake Mary, FL 32795-2409 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE: [signature] 2/2/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #