2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M58844

1. Entity Name
NANCY LAWRENCE ASSOCIATES, INC.

Principal Place of Business	Mailing Address
1230 W INDIANTOWN RD 101 JUPITER, FL 33458 US	1230 W INDIANTOWN RD 101 JUPITER, FL 33458 US

DO NOT WRITE IN THIS SPACE

01062006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2850626	Not Applicable

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

6. Name and Address of Current Registered Agent

SCHWIND, GEORGE
2455 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33020

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, 2006 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWRENCE, NANCY H.
STREET ADDRESS	1230 INDIANTOWN RD #101
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
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CITY-ST-ZIP	

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01/11/06-80022-014 150.00

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12. I hereby certify that the information supplied with this filing 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 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: _Nancy H Lawrence its President_   Nancy H Lawrence   12/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #