

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2004 8:00 am
Secretary of State

03-11-2004 90012 010 ***150.00

DOCUMENT # P00000023761 1. Entity Name LAWRENCE ANTHONY DESIGNS, INC.					
Principal Place of Business 1908 SOUTH RIVERSIDE DR EDGEWATER, FL 32141			Mailing Address 1908 SOUTH RIVERSIDE DR EDGEWATER, FL 32141		
2. Principal Place of Business 1224 S. PENINSULA DR		3. Mailing Address 1224 S. PENINSULA DR		 03012004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. APT # 303		Suite, Apt. #, etc. APT # 303			
City & State DAYTONA BEACH FL		City & State DAYTONA BEACH FL			
Zip 32118		Zip 32118			
Country U.S.A.		Country U.S.A.		4. FEI Number 59-3633424	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LONG, LAWRENCE A 1908 SOUTH RIVERSIDE DR EDGEWATER, FL 32141			7. Name and Address of New Registered Agent Name LONG, LAWRENCE A Street Address (P.O. Box Number is Not Acceptable) 1224 S. PENINSULA DR City DAYTONA BEACH FL Zip Code 32118		
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: DATE: 3/08/04 <small>(NOTE: Registered Agent signature required when reappointing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PVST LONG, LAWRENCE A 1908 SOUTH RIVERSIDE DR EDGEWATER, FL 32141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LONG, LAWRENCE A 1908 SOUTH RIVERSIDE DR EDGEWATER, FL 32141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 1224 S. PENINSULA DR., APT 303 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 1224 S. PENINSULA DR., APT 303 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 1224 S. PENINSULA DR., APT 303 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 1224 S. PENINSULA DR., APT 303 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 1224 S. PENINSULA DR., APT 303 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SAME SAME 1224 S. PENINSULA DR., APT 303 DAYTONA BEACH, FL 32118	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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: DATE: 3/08/04 DAYTIME PHONE #: 386-672-7225 X31 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

LAWRENCE A. LONG