## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P00000026404

1. Entity Name

LAWRENCE INSURANCE & FINANCIAL SERVICES, P.A.

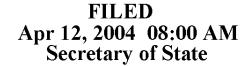


Principal Place of Business

5193 S UNIVERSITY DRIVE DAVIE, FL 33328

Mailing Address

5193 S UNIVERSITY DRIVE DAVIE, FL 33328





## DO NOT WRITE IN THIS SPACE

4.	FEI Number	_		Applied For
	65-0988150			Not Applicable
5	Certificate of Status Desired		\$8.75	Additional

04072004

Fee Required

Daytime Phone #

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

LAWRENCE, MARCIA 5193 S UNIVERSITY DRIVE **DAVIE, FL 33328** 

SIGNATURE! //ARCIA

RWFLACE

## DO NOT WRITE IN THIS SPACE

No Chg-P

<ol> <li>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.</li> </ol>								
SIGNATURE.	Signature, typed or printed name of registered agent and little if	applicable (NOTE Registered	Agent signature	required when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2004 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.			ing 🔲	\$5.00 May Be Added to Fees	U00000110704			
10.	OFFICERS AND DIREC	TORS			<del>'-04/12/04-20094-011 150.00</del>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, MARCIA 1834 N W 108TH AVENUE PLANTATION, FL 333226429							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CITY+ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS CHY-ST-ZIP		(		ſ				
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07/8/(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 it 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 60. 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.								