

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 17, 2006 8:00 am**  
**Secretary of State**

04-17-2006 90345 042 \*\*\*150.00

DOCUMENT # P0000026404

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

40040000



03292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0988150 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, MARCIA  
5193 S UNIVERSITY DRIVE  
DAVIE, FL 33328

**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 re-registering)

3/29/06  
DATE

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, MARCIA
STREET ADDRESS	1980 S OCEAN DRIVE #3-E
CITY-ST-ZIP	HALLANDALE BEACH, FL 33009
TITLE	Vice President
NAME	Jessica Lawrence - Phillips
STREET ADDRESS	7710 NW 79 Ave #A-2
CITY-ST-ZIP	TAMACAC FL 33321
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/06 954 434 4645  
Date Daytime Phone #