


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 08:00 AM
Secretary of State

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



02072007 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWRENCE, MARCIA 1980 S OCEAN DRIVE #3-E HALLANDALE BEACH, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWRENCE-PHILLIPS, JESSICA 7710 NW 79TH AVE A-2 FORT LAUDERDALE, FL 33321
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/26/07-80059-022 150.00

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 lines empowered.

SIGNATURE:  **2/2/07 954 434 4645**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #