2005 FOR PROFIT CORPORATION ANNUAL REPORT

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Mar 21, 2005 8:00 am
Secretary of State

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1. Entity Name
FRANCIS LAWRENCE DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145	1104 N. COLLIER BOULEVARD MARCO ISLAND, FL 34145

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3674034 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GREUSEL, JAMIE B ESQ.
1104 N. COLLIER BOULEVARD
MARCO ISLAND, FL 34145

7. Name and Address of New Registered Agent

Name LAWRENCE SIKOPSKI

Street Address (P.O. Box Number is Not Acceptable) 267 SHADOW RIDGE CKT

City MARCO ISL FL Zip Code 34145

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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☒ Delete	TITLE	B ☐ Change ☒ Addition
NAME	GREUSEL, JAMIE B	NAME	FRANK H BEUZUND
STREET ADDRESS	1104 N. COLLIER BOULEVARD	STREET ADDRESS	PO BOX 507
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	PITTSTON PA. 18640
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SIKOKSKI, LAWRENCE	NAME	
STREET ADDRESS	267 SHADOW RIDGE CT	STREET ADDRESS	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: _____ 2-15-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #