


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90719 012 \*\*\*158.75

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| <b>DOCUMENT # P0000081954</b>   |  |   |   |                           |  |
| 1. Entity Name<br><b>KEVIN LAWRENCE TRUCKING INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br>173 MARTEN ST<br>LA BELLE FL 33975   |  |   | Mailing Address<br>2340 RIDALE RD<br>CANTONMENT FL 32533  |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address<br><b>KEVIN Lawrence Trucking</b>      |   |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.<br><b>P.O. Box 2226</b>               |   |  |  |
| City & State  |  | City & State<br><b>La Belle FL</b>                        |   | 4. FEI Number<br><b>59-3665641</b>   |  |
| Zip   | Country  | Zip   | Country   | 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
|   |  | <b>33975</b>  | <b>HENDRY</b>   |  |  |
| 6. Name and Address of Current Registered Agent   |  |   | 7. Name and Address of New Registered Agent   |  |  |
| <b>LAWRENCE, KEVIN H<br/>173 MARTEN ST<br/>LA BELLE FL 33975</b>  |  |   | Name  |  |  |
|   |  |   | Street Address (P.O. Box Number is Not Acceptable)  |  |  |
|   |  |   | City  |  |  |
|   |  |   | <b>FL</b>   | Zip Code   |  |
| 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 _____   |  |   |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br>After May 1, 2004 Fee will be \$550.00<br>Make Check Payable to Florida Department of State   |  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |  |  |
| 10. OFFICERS AND DIRECTORS  |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |  |  |
| TITLE   | <b>P</b> <input type="checkbox"/> Delete             | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | <b>LAWRENCE, KEVIN H</b>                             | NAME  |   |  |  |
| STREET ADDRESS  | <b>173 MARTIN ST.</b>                                | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | <b>LA BELLE FL 33935</b>                             | CITY-ST-ZIP   | <b>VICE President</b>   |  |  |
| TITLE   | <b>VP</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |  |  |
| NAME  | <b>LAWRENCE, KEVIN H II</b>                          | NAME  | <b>LAWRENCE Kathleen L</b>  |  |  |
| STREET ADDRESS  | <b>1025 RAYBURN RD</b>                               | STREET ADDRESS  | <b>P.O. Box 2512</b>  |  |  |
| CITY-ST-ZIP   | <b>ELIZABETHTOWN PA 17022</b>                        | CITY-ST-ZIP   | <b>Rockhill SC 29732</b>  |  |  |
| TITLE   | <b>TS</b> <input checked="" type="checkbox"/> Delete | TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  |  |  |
| NAME  | <b>MUNSON, MELISSA M</b>                             | NAME  | <b>LAWRENCE KEVIN H II</b>  |  |  |
| STREET ADDRESS  | <b>415 CLAY ST</b>                                   | STREET ADDRESS  | <b>1025 Brayburn Rd</b>   |  |  |
| CITY-ST-ZIP   | <b>LABELLE FL 33935</b>                              | CITY-ST-ZIP   | <b>Elizabethtown Pa 17022</b>   |  |  |
| TITLE   | <b>TS</b> <input type="checkbox"/> Delete            | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  | <b>LAWRENCE, MICHAEL P</b>                           | NAME  |   |  |  |
| STREET ADDRESS  | <b>119 8TH WOOD CIRCLE</b>                           | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   | <b>JACKSONVILLE NC 28540</b>                         | CITY-ST-ZIP   |   |  |  |
| TITLE   | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |  |
| NAME  |  | NAME  |   |  |  |
| STREET ADDRESS  |  | STREET ADDRESS  |   |  |  |
| CITY-ST-ZIP   |  | CITY-ST-ZIP   |   |  |  |
| TITLE   | <input type="checkbox"/> Delete                      | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Kevin H Lawrence</i>  |  | Date: <b>4/15/04</b> Daytime Phone #: <b>850 384 7770</b> |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |  | Date Daytime Phone #                                      |   |  |  |

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MOORE CR2E034 (11/03)