

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90042 008 ***150.00

DOCUMENT # P01000089603

1. Entity Name

LAWRENCE SERVICES, INC.



Principal Place of Business

1007 RAGSDALE RD.
OVIEDO FL 32765

Mailing Address

1007 RAGSDALE RD.
OVIEDO FL 32765

2. Principal Place of Business

1007 RAGSDALE RD.
Suite, Apt. #, etc.

3. Mailing Address

1007 Ragsdale Rd.
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Oviedo FL

City & State

Oviedo, FL

4. FEI Number

59-3742338

Applied For

Not Applicable

Zip

32765

Country

Seminole

Zip

32765

Country

Seminole

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANGFELDT, LAWRENCE N
1007 RAGSDALE RD.
OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Lawrence N Langfeldt

Lawrence N Langfeldt

04/20/04

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, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVST ☐ Delete
NAME LANGFELDT, LAWRENCE N
STREET ADDRESS 1007 RAGSDALE RD.
CITY-ST-ZIP OVIEDO FL 32765

TITLE D ☐ Delete
NAME LANGFELDT, LAWRENCE N
STREET ADDRESS 1007 RAGSDALE RD.
CITY-ST-ZIP OVIEDO FL 32765

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Lawrence N Langfeldt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/04

407-467-7955