2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

ANNUAL REPORT				Secretary of Sta			
DOCUMENT # P01000116	848			3	ecretar	y oi Sta	
1. Entity Name STEVEN L. LAURENCE, P.A.							
STEVEN L. LAURENCE, P.A.							
Principal Place of Business	Mailing Address		1				
781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 32714	781 DOUGLAS AVE ALTAMONTE SPRINGS, FL 321	714					
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			01072008	No Chg-P	CR2E034 (11/	05)	
DO NOT WRITE	IN THIS SPA	CE	4. FEI Number	440		Applied For	
			80-0020		- \$9.75	Not Applicable Additional	
		Service Style Besser Service Stockholm Style Besser Se	5. Certificate of	Status Desired	Fee Req		
6. Name and Address of Current F			No of sing			arana kan	
LAURENCE, STEVEN L							
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ALTAMONTE SPRINGS, FL 32714		to the first of th	INT	HIS SP	ACE	ng later (later) plan. Na mendel	
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The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its register	red office or register	red agent, or both.	in the State of Flo	rida. I am familiar v	rith, and accept	
the configurations of registered agents.	•						
SIGNATURE Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Registero	ed Agent signature required	I when reinstating)		DATE		
	-						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.0	S. Election Campaign Fina Trust Fund Contribution.		.00 May Be led to Fees				
10. OFFICERS AND I	DIRECTORS			ta battati di kalendari Kada da ta ta ta kalendari	This is a line		
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NAME LAURENCE, STEVEN L STREET ADDRESS 781 DOUGLAS AVE							
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LITY-ST-7P I		 ** ** ** ** ** ** ** ** ** ** ** ** **				11 1 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

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 approved.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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