

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90006 003 \*\*\*550.00

**DOCUMENT # P02000045208**

1. Entity Name  
PATRICK W. LAWLOR, P.A.



401110000

Principal Place of Business  
2925 W CYPRESS CREEK RD  
SUITE 102  
FT LAUDERDALE, FL 33309

Mailing Address  
2925 W CYPRESS CREEK RD  
SUITE 102  
FT LAUDERDALE, FL 33309

2. Principal Place of Business - No P.O. Box #  
811 E. Hillsboro Blvd  
Suite, Apt. #, etc.

3. Mailing Address  
811 E. Hillsboro Blvd  
Suite, Apt. #, etc.

City & State  
Deerfield Bch, FL  
Zip  
33441  
Country  
US

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Deerfield Bch, FL  
Zip  
33441  
Country  
US

07172007 Chg-P CR2E034 (12/06)

4. FEI Number  
30-0069412

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAWLOR, PATRICK W  
2925 W CYPRESS CREEK RD  
SUITE 102  
FT LAUDERDALE, FL 33309

**7. Name and Address of New Registered Agent**

Name  
LAWLOR, PATRICK W  
Street Address (P.O. Box Number is Not Acceptable)  
811 E. Hillsboro Blvd  
City  
Deerfield Bch FL Zip Code  
33441

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 Patrick W. Lawlor DATE 7-27-07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$550.00**  
**Due by September 14, 2007**

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	P LAWLOR, PATRICK W 2925 W CYPRESS CREEK RD, STE 102 FT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWLOR, PATRICK W 811 E. Hillsboro Blvd Deerfield Bch, FL 33441	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: Patrick W. Lawlor DATE 7-27-07 (954) 428-1868  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #