## **2004 FOR PROFIT CORPORATION** ANNUAL REPORT

SIGNATURE: X

## Aug 30, 2004 8:00 am Secretary of State **DOCUMENT # P02000089488** 08-30-2004 90010 031 \*\*\*150.00 1. Entity Name A. LAWRENCE SERVICES, INC. Mailing Address Principal Place of Business 24082270 2507 MOORING'S LN 2507 MOORING'S LN SARASOTA, FL 34231 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address 2507 Mooring's Lane 2507 Mooring's Lane Suite, Apt. #, etc. Suite, Apt. #, etc. 08262004 CR2E034 (10/03) Chq-P Applied For City & State City & State 4. FEI Number Sarasota, Florida Sarasota, Florida 26-6191737 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 34231-8029 34231-8029 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Allen E. Langdon, Ph.D. LAWRENCE, ALAN J JR Street Address (P.O. Box Number is Not Acceptable) 2507 MOORING'S LN SARASOTA, FL 34231 125 First Avenue City **Nokomis** 34275-4242 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 gistered agent. August 26, 2004 ature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 8, 2004 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D, P, S, T TITLE Delete TITLE Addition Lawrence, Alan J., Jr. NAME LAWRENCE, ALAN J JR NAME 2507 Mooring's Lane 2507 MOORING'S LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Sarasota, FL 34231-8029 CITY-ST-7IP SARASOTA, FL 34231 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete THIE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 aport 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 ether the empowered.

ICER OR DIRECTOR

August 26, 2004

Date

Daytime Phone #

FILED