

2004 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

FILED

04 AUG 12 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P03000039060

1. Entity Name
J. LAWRENCE TRUCKING, INC.

Principal Place of Business
680 CAMP ROAD
COCOA, FL 32927

Mailing Address
680 CAMP ROAD
COCOA, FL 32927

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07122004

Chg-P

CR2E034 (10/03)

4. FEI Number

51-0458887

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAWRENCE, SUE
680 CAMP ROAD
COCOA, FL 32927

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

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 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME LAWRENCE, SUE
STREET ADDRESS 680 CAMP ROAD
CITY-ST-ZIP COCOA, FL 32927

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

242

July 6, 2004

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

~~To Whom It May Concern:~~

Please find enclosed our company's check for \$150.00 to cover the annual corporation fee for 2004.

The reason for the late filing is that we didn't receive the first postcard. This is also the first report we have filed.

Based on the above reason, we ask for the penalties to be waived.

Thank you for your consideration.

J. Lawrence Trucking, Inc.