## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Feb 21, 2005 8:00 am Secretary of State DOCUMENT # P03000067125 02-21-2005 90077 016 \*\*\*150.00 DAVID LAWRENCE INDUSTRIES ASSOCIATES, INC. Principal Place of Business Mailing Address 20014044 8291 DOMINICA PL 8291 DOMINICA PL WELLINGTON, FL 33414 WELLINGTON, FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02152005 Cha-P ~ CR2E034 (10/03) ~ City & State City & State 4. FEI Number Applied For 20-0086194 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AWRENCE D. ORELL WALSH, GERALD V Street Address (P.O. Box Number is Not Acceptable) 9500 NW 37 CT CORAL SPRINGS, FL 33065 City WELLING TON Zip Code 33 4 / 4 8. The above named e submits this statement to 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 AWRENCE D. ORELL SIGNATURE\_Z printed name of registered agent and title if applicable (NOTE: Registered Agont signature required when reinstating) 9.-Election Campaign Financing \$5:00 May Be-FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition NAME ORELL, LAWRENCE NAME 8291 DOMINICA PL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 CITY-SI-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST- 7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied indicated on this report supplemental report of the corporation or the receiver or trustee er ounation 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 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 eceiver 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 att empowered. AWRENCE D. OPEL

MESIDELT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED