


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90035 004 ***158.75

DOCUMENT # P03000101257	
1. Entity Name LAWDEVCO, INC.	

Principal Place of Business 1383 OAKFIELD DRIVE BRANDON, FL 33511	Mailing Address 1383 OAKFIELD DRIVE BRANDON, FL 33511
--	--

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01192004 Chg-P CR2E034 (10/03)

4. FEI Number 200-25-4934	Applied For
	Not Applicable

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent
LAWRENCE, MICHAEL 1383 OAKFIELD DRIVE BRANDON, FL 33511

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, MICHAEL	NAME	
STREET ADDRESS	1383 OAKFIELD DRIVE	STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Robert E. RIGGINS
STREET ADDRESS		STREET ADDRESS	1383 OAKFIELD DR
CITY-ST-ZIP		CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Delete	TITLE	VP D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		NAME	Michael E. MARRA
STREET ADDRESS		STREET ADDRESS	1383 OAKFIELD DR
CITY-ST-ZIP		CITY-ST-ZIP	BRANDON, FL 33511
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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:  **1/19/04** **913-662-5639**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #