



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91211 027 \*\*\*150.00

<b>DOCUMENT # P03000151510</b> 1. Entity Name <b>LAWRENCE FLOORING, INC.</b>					
Principal Place of Business <b>201 HUNT STREET</b> <b>1014</b> <b>CLERMONT, FL 34711 US</b>			Mailing Address <b>201 HUNT STREET</b> <b>1014</b> <b>CLERMONT, FL 34711 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address <b>201 Hunt st</b> <b>1014</b> <b>CLERMONT F</b> Zip      Country <b>34711</b> <b>FL</b>			
4. FEI Number <b>200477591</b>		Applied For <input type="checkbox"/> Not Applicable		04302004      Chg-P      CR2E034 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>SMALLEY &amp; COMPANY, P.A.</b> <b>1517 E HILLCREST STREET</b> <b>ORLANDO, FL 32803</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P <b>LAWRENCE, ANDREW S</b> <b>201 HUNT STREET #1014</b> <b>CLERMONT, FL 34711</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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.					
<b>SIGNATURE:</b> <u>Andy Lawrence</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4-30-04 <small>Date</small>		407-509-0517 <small>Daytime Phone #</small>	