## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000014257

Entity Name: LAWRENCE CUSTOM HOMES, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 MERCER AVENUE PANAMA CITY, FL 32401

Current Mailing Address: New Mailing Address:

625 MERCER AVENUE PANAMA CITY, FL 32401

FEI Number: 42-1615727 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAWRENCE, DOUG R

3510 HIDDEN VALLEY ROAD

LYNN HAVEN, FL 32444 US

LAWRENCE, DOUG R

3437 BAY TREE COURT

LYNN HAVEN, FL 32444 US

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.

SIGNATURE: DOUG R. LAWRENCE 01/07/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 ( ) Delete
 Title:
 PD
 (X) Change ( ) Addition

 Name:
 LAWRENCE, DOUG R
 Name:
 LAWRENCE, DOUG R

 Address:
 3510 HIDDEN VALLEY ROAD
 Address:
 3734 BAY TREE COURT

Address: 3510 HIDDEN VALLEY ROAD Address: 3734 BAY TREE COURT City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444

Title: VD () Delete Title: () Change () Addition
Name: LAWRENCE, CHARLES A JR Name:
Address: 2912 KINGS HARBOUR ROAD Address:

City-St-Zip: PANAMA CITY, FL 32405 City-St-Zip:

Title: STD ( ) Delete Title: STD (X) Change ( ) Addition

( ) Delete (X) Change ( ) Addition STD STD LAWRENCE, VICKY N Name: LAWRENCE, VICKY N Name: 3510 HIDDEN VALLEY ROAD 3734 BAY TREE COURT Address: Address: City-St-Zip: LYNN HAVEN, FL 32444 City-St-Zip: LYNN HAVEN, FL 32444

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUG R. LAWRENCE PD 01/07/2008