


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000064992</b>	
1. Entity Name <b>LAWRENCE FOREST PRODUCTS, INC.</b>	

Principal Place of Business <b>7286 - 65TH DR. LIVE OAK, FL 32060 US</b>	Mailing Address <b>7286 - 65TH DR. LIVE OAK, FL 32060 US</b>
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**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-1994890</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**LAWRENCE, TODD A  
7286 - 65TH DR.  
LIVE OAK, FL 32060**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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>	<b>000000637200 02/26/07-80050-020 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, L. ARTHUR JR. 162 NE SANTOLINA LOOP MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, ANN W 162 NE SANTOLINA LOOP MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAWRENCE, TODD A 7286 - 65TH DR. LIVE OAK, FL 32060
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRES LAWRENCE, L. ARTHUR JR. 162 NE SANTOLINA LOOP MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAWRENCE, ANN W 162 NE SANTOLINA LOOP MADISON, FL 32340
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC LAWRENCE, TODD A 7286 65TH DR. LIVE OAK, FL 32060

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** L. Arthur Lawrence, Jr. **L. ARTHUR LAWRENCE, JR.** 2-10-07 850-528-8848  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**PRESIDENT/DIRECTOR**