

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000127691

1. Entity Name
JAY LAWRENCE ASSOCIATES, INC.



Principal Place of Business

27 HICKORY LANE
SAFETY HARBOR, FL 34695 US

Mailing Address

27 HICKORY LANE
SAFETY HARBOR, FL 34695 US

FILED
Aug 04, 2008 08:00 AM
Secretary of State



07182008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1591981

Applied For
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OREMLAND, RHEA S
27 HICKORY LANE
SAFETY HARBOR, FL 34695

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	BOOK, ALAN
STREET ADDRESS	353 BROAD AVENUE
CITY- ST- ZIP	LEONIA, NJ 07605
TITLE	VP
NAME	MATTERA, LAWRENCE J
STREET ADDRESS	353 BROAD AVENUE
CITY- ST- ZIP	LEONIA, NJ 07605
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

U00000957076
08/04/08-80008-014 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #