

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000152518

1. Entity Name
CHARLES LAWRENCE CONSTRUCTION INC



Principal Place of Business
**9748 MACARTHUR COURT NORTH
JACKSONVILLE, FL 32246 US**

Mailing Address
**9748 MACARTHUR COURT NORTH
JACKSONVILLE, FL 32246 US**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1837400

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAWRENCE, CHARLES
9748 MACARTHUR COURT NORTH
JACKSONVILLE, FL 32246**

**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
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PRES
NAME LAWRENCE, CHARLES
STREET ADDRESS 9748 MACARTHUR COURT NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE VP
NAME LAWRENCE, CHARLES
STREET ADDRESS 9748 MACARTHUR CT NO
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE SECR
NAME LAWRENCE, CHARLES
STREET ADDRESS 9748 MACARTHUR COURT NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE TRES
NAME LAWRENCE, CHARLES
STREET ADDRESS 9748 MACARTHUR COURT NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE DIRE
NAME LAWRENCE, CHARLES
STREET ADDRESS 9748 MACARTHUR COURT NORTH
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000488862
04/17/06-80024-009 150.00

**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 *Charles W Lawrence* **President** **3-30-06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #