


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # P04000152518 1. Entity Name CHARLES LAWRENCE CONSTRUCTION INC	
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Principal Place of Business 9748 MACARTHUR COURT NORTH JACKSONVILLE, FL 32246 US	Mailing Address 9748 MACARTHUR COURT NORTH JACKSONVILLE, FL 32246 US
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07052007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1837400	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY - ST - ZIP	PRES LAWRENCE, CHARLES 9748 MACARTHUR COURT NORTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LAWRENCE, CHARLES 9748 MACARTHUR CT NO JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECR LAWRENCE, CHARLES 9748 MACARTHUR COURT NORTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES LAWRENCE, CHARLES 9748 MACARTHUR COURT NORTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRE LAWRENCE, CHARLES 9748 MACARTHUR COURT NORTH JACKSONVILLE, FL 32246
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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07/10/07-80011-012 150.00

**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 Lawrence **Charles Lawrence** 7-6-07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #