

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2008 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**



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1837400

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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 *Charles Lawrence Pres.*

2-10-08

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, 2008 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	

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02/21/08-80056-006 150.00

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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: *X Charles W. Lawrence*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-08

Date

904-642-2074

Daytime Phone #