

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90443 004 ***150.00

DOCUMENT # P05000120893

1. Entity Name
CHRISTOPHER M LAWLEY, PA



Principal Place of Business
2240 BONN COURT
PORT CHARLOTTE, FL 33983 US

Mailing Address
2240 BONN COURT
PORT CHARLOTTE, FL 33983 US

50014823



2. Principal Place of Business
2240 Bonn Ct.
Suite, Apt. #, etc.

3. Mailing Address
2240 Bonn Ct.
Suite, Apt. #, etc.

04152006 Chg-P CR2E034 (11/05)

City & State
Punta Gorda, FL
Zip 33983 Country USA

City & State
Punta Gorda FL
Zip 33983 Country USA
Charlotte

4. FEI Number
20-3352685
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LAWLEY, CHRISTOPHER M
2240 BONN COURT
PORT CHARLOTTE, FL 33983

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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: Christopher M. Lawley Christopher M. Lawley 4/21/06
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 ☐ \$5.00 May Be Added to Fees
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,S LAWLEY, CHRISTOPHER M 2240 BONN COURT PORT CHARLOTTE, FL 33983 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Christopher M. Lawley Christopher M. Lawley 4/21/06 941-916-2881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #