2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 24, 2005 8:00 am DOCUMENT # P10932 **Secretary of State** 1. Entity Name LAWRENCE DEVELOPMENT COMPANY 02-24-2005 90041 031 ***158.75 Mailing Address Principal Place of Business 6102 FOREST VILLAS CIRCLE 6102 FOREST VILLAS CIRCLE FT. MYERS, FL 33908 FT. MYERS, FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 31-0712893 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, WILLIAM H. 6102 FOREST VILLAS CIR Street Address (P.O. Box Number is Not Acceptable) FORT MYERS, FL 33908 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 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 J. □-Delete TITLE TITLE PRICE, WILLIAM H NAME NAME 6102 FOREST VILLAS CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. MYERS, FL 33908 CITY-ST-ZIP ☐ Defete TITLE Change | ☐ Addition TITLE NAME PRICE, STEPHEN C. NAME STREET ADDRESS 6102 FOREST VILLAS CIR STREET ADDRESS FT. MYERS, FL 33908 CITY-ST-ZIP CITY-ST-ZiP ☐ Delete -Change Change ☐ Addition GENTSCH, TRACI 6102 FOREST VILLAS CIR GEUTSCH, TRACI STREET ADDRESS 6102 FOREST VILLAS CIR. STREET ADDRESS FORT MYERS, FL 33908 CITY-ST-7IP FORT MYERS, FL 33908 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete 1' " TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS < ·

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 requirer of fusion or the requirer of fusion of the corporation or the requirer of fusion of the corporation of the corporation of the requirer of fusion of the requirer of fusion of the requirer of the req

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-2-05 239-489-2998

FILED

Daytime Phone #