2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000018872 1. Entity Name LAWRENCE WOODWORKING INC.						Secretary of		1
Principal Place of Business 606-A COMMERCE DRIVE PANAMA CITY BEACH FL 32408 US		Mailing Address 606-A COMMERCE DRIVE PANAMA CITY FL 32408 US						
2. Principal Place of Business		3. Mailing Address						
Surte, Apt. #, etc.		Suite, Apr. #, etc.		1	MOORE CR2E0	34 (11/03)		
City & State		City & State			4.	FEI Number S9-3242195 Applied For Not Applied For		<u> </u>
Zip	Country	Zip	Country	у	5. (Certificate of Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		Name	7. 1	Name and Address of New Registere	d Agent	· · · · · · · · · · · · · · · · · · ·
451	VRENCE, JEFFREY P 7 MAINSAIL DR NAMA CITY FL 32408		-	Street Address (Box Number is Not Acceptable)		·
PA	NAMA CITT PL 32408							
				City		F	;	
the obligation	r named entity submits this statement letions of registered agent.	ween.		i office or registe		2/4/09	7	and accept
FILE NOW!!! FEE IS \$150.00 After May 1, 2004. Fee will be \$550.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.	\$5.0 Added	0 May Be I to Fees
10. TIRLE	OFFICERS AND	DIRECTORS Defete	11.		AD	DITIONS/CHANGES TO OFFICERS A		S (N 11
NAME STREET ADDRESS CITY - ST-ZIP	LAWRENCE, JEFFREY P 4517 MAIN SAIL DR PANAMA CITY FL 32408	Ca Delete	NAME	ADDRESS T-ZIP		U00000037734 02/ 06/04-8 0110-	□ Change -009 150.	_
THTLE NAME STREET ADDRESS CHY-ST-ZIP	VPD Delete LAWRENCE, CHRISTINE 4517 MAINSAIL DR PANAMA CITY BEACH FL 32408			.			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - 57 - ZIP	S Delete HOWELL, ANN 1126 AREAN DR SOUTHPORT FL		•	2 1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		8	E (☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	totle Mame Street City+St	ADDRESS 7-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY-ST				☐ Change	☐ Addition
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 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: 2400 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2400 TO THE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2500 TO THE PRINTED PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 2500 TO THE PRINTED PRINT								

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