

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90027 038 ***150.00

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1. Entity Name

JACK A. LAWRENCE & COMPANY, INC.



Principal Place of Business

2387 WEST BAYSHORE RD
GULF BREEZE FL 32561
US

Mailing Address

P.O. BOX 6452
GULF BREEZE FL 32561



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3358764

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAWRENCE, JACK A
2387 WEST BAYSHORE RD
GULF BREEZE FL 32561

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME LAWRENCE, JACK A
STREET ADDRESS 2387 WEST BAYSHORE RD
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☒ Delete
NAME HARTMAN, TERRY
STREET ADDRESS 2376 OSPREY DR
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☐ Delete
NAME WOODLE, SHIRLEY
STREET ADDRESS 3253 STANFORD RD
CITY-ST-ZIP GULF BREEZE FL 32563

TITLE ☐ Delete
NAME JOHNSON, JOHN
STREET ADDRESS 207 RODNEY AVE
CITY-ST-ZIP FT WALTON BEACH FL 32548

TITLE ☐ Delete
NAME DEAVENPORT, BEN M
STREET ADDRESS 5771 SAN GABRIEL
CITY-ST-ZIP PENSACOLA FL 32504

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME Vice President
STREET ADDRESS Chris Lawrence
CITY-ST-ZIP 1229 Redwood Lane
Gulf Breeze, FL 32563

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-06

850-932-8400

Date

Daytime Phone #