

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000091113

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: JACK A. LAWRENCE & COMPANY, INC.

## Current Principal Place of Business:

2387 WEST BAYSHORE RD  
GULF BREEZE, FL 32561 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 6452  
GULF BREEZE, FL 32561

## New Mailing Address:

FEI Number: 59-3358764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LAWRENCE, JACK A  
Address: 2387 WEST BAYSHORE RD  
City-St-Zip: GULF BREEZE, FL 32563

Title: VP ( ) Delete  
Name: LAWRENCE, CHRIS  
Address: 1229 REDWOOD LN  
City-St-Zip: GULF BREEZE, FL 32563

Title: S ( ) Delete  
Name: WOODLE, SHIRLEY  
Address: 3253 STANFORD RD  
City-St-Zip: GULF BREEZE, FL 32563

Title: V (X) Delete  
Name: JOHNSON, JOHN  
Address: 207 RODNEY AVE  
City-St-Zip: FT WALTON BEACH, FL 32548

Title: V (X) Delete  
Name: DEAVENPORT, BEN M  
Address: 5771 SAN GABRIEL  
City-St-Zip: PENSACOLA, FL 32504

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: DEAVENPORT, BEN M  
Address: 5771 SAN GABRIEL LANE  
City-St-Zip: PENSACOLA, FL 32504 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACK A. LAWRENCE

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date