## Lawrence Control

SIGNATURE:

## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2005 08:00 AM
Secretary of State

ANNUAL REFORT				_	Jul 20, 2003 00.00 A	
DOCUMENT # P98000019235				1	Secretary of Stat	
1. Entity Name				Í	<b>,</b>	
	ESIGN SERVICES, INC.					
}						
Principal Plac	e of Business	Mailing Address	• ••			
1551 SW 23		1551 SW 23RD COURT		{	-·	
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				07182005	No Chg-P CR2E034 (10/03)	
				4. FEI Numb	er Applied For	
				65-082		
1				# Cartificate	of Status Desired S8.75 Additional	
				J. Sertinoate	Fee Required	
	6. Name and Address of Current	Registered Agent	]		7	
BAILEY	ETTY	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -				
	AILEY, BETTY 551 SW 23RD COURT				— DO NOT WRITE	
	ERDALE, FL 33315	·				
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			i			
3. 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 registored agent.						
SIGNATURE						
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE Degistere	d Agent signature required	i when reinstating)	DATE	
				.00 May Be led to Fees	In accordance with s. 607.193(2)(b), F.S., the	
D	ue by September 7, 2005	Trust Fund Contribution.	LI ACC	ed to Fees	corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS						
IME	D			<del></del>	!	
NAME	BAILEY, BETTY		1		1/00000373815	
STREET ADDRESS	1551 SW 23RD COURT	••			100000373815   07/20/05-80009-013 150.00	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33315					
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12. Thereby o	cortify that the information supplied with	this filing does not qualify for the exe	mption stated in Se	ction 119.07(3)	(i), Florida Statutes. I further certify that the information	
of the cor	poration of the receiver or trustee embo	wered to execute this report as requi	red by Chapter 607	same logal elléi ′, Florida Statute	as a made under eath; that i am an officer or director is; and that my name appears in Block 10 or Block 11 if	
12. I hereby cortify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 logal effect as if made under eath; that I am an officer or diffector of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 10 of Block 11 if changed, or on an attachment with an address, with all other like empowered.						