

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S16908

**FILED**  
**Mar 11, 2005**  
**Secretary of State**

**Entity Name:** LAWSURE PUBLICATIONS CORPORATION

**Current Principal Place of Business:**

150 E. PALMETTO PK. RD.  
SUITE 500  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

150 E. PALMETTO PK. RD.  
SUITE 500  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 65-0265782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LESNICK, IRVING I.  
NATIONS BANK TOWER  
150 E. PALMETTO PK. RD.  
BOCA RATON, FL 33432 US

**Name and Address of New Registered Agent:**

LESNICK, IRVING I.  
150 E. PALMETTO PK. RD.  
SUITE 500  
BOCA RATON, FL 33432 US

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

03/11/2005

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: VSD ( ) Delete  
Name: LESNICK, IRVING I.,  
Address: 150 E. PALMETTO PK. RD., #500  
City-St-Zip: BOCA RATON, FL 33432

Title: DP ( ) Delete  
Name: HARNETT, BERTRM,  
Address: 150 E. PALMETTO PK. RD., #500  
City-St-Zip: BOCA RATON, FL 33432

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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 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: IRVING I. LESNICK

Electronic Signature of Signing Officer or Director

VSD

03/11/2005

Date