

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F75507

**Entity Name:** LAWRENCE FACTOR, INC.**Current Principal Place of Business:**4790 NW 157 STREET  
MIAMI LAKES, FL 33014**Current Mailing Address:**4790 NW 157 STREET  
MIAMI LAKES, FL 33014 US**FEI Number:** 59-2287373**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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\_\_\_\_\_  
Date**Officer/Director Detail :**

Title VP  
Name HETZLER, DAVID  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title ASSISTANT SECRETARY  
Name SILER, MARK  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR  
Name SCHESKE, MIKE  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title ASSISTANT TREASURER  
Name CUMMINGS, NICOLAS  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title SECRETARY  
Name SCHIESL, ANDREW  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title DIRECTOR  
Name SCHIESL, ANDREW  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title TREASURER  
Name JAMESON, HERBERT  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

Title PRESIDENT  
Name DICK, PAUL  
Address 4790 NW 157 STREET  
City-State-Zip: MIAMI LAKES FL 33014

*I hereby 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 all other like empowered.*

**SIGNATURE: ANDREW SCHIESL****SECRETARY****04/29/2024**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date