

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L58899

**Entity Name:** LAWRENCE T. VANCE CPA & ASSOCIATES, P.A.

**Current Principal Place of Business:**

258 E ALTAMONTE DR  
STE 1001  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

P.O. BOX 952409  
LAKE MARY, FL 32795-2409

**FEI Number:** 59-2997658

**Certificate of Status Desired:** No

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

VANCE, LAWRENCE T.  
258 E ALTAMONTE DR  
SUITE 1001  
ALTAMONTE SPRINGS, FL 32701 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           | P                       | Title           | VPST                    |
| Name            | VANCE, LAWRENCE T       | Name            | VANCE, DEBORAH L        |
| Address         | P.O. BOX 952409         | Address         | P.O. BOX 952409         |
| City-State-Zip: | LAKE MARY FL 32795-2409 | City-State-Zip: | LAKE MARY FL 32795-2409 |

*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:** LAWRENCE T VANCE CPA

**PRESIDENT**

**04/02/2013**

Electronic Signature of Signing Officer/Director Detail

Date