

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K28756

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: LAWSON & CO., INC.

**Current Principal Place of Business:**

12323 SW 55TH STREET  
#1006  
COOPER CITY, FL 33330

**New Principal Place of Business:**

**Current Mailing Address:**

12323 SW 55TH STREET  
#1006  
COOPER CITY, FL 33330

**New Mailing Address:**

FEI Number: 65-0132423      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LAWSON, DANIEL E  
8341 NW 23RD STREET  
PEMBROKE PINES, FL 33024      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: LAWSON, WILLIAM A  
Address: 8640 NW 19TH ST  
City-St-Zip: PEMBROKE, FL 33024

Title: VP ( ) Delete  
Name: LAWSON, RICHARD J  
Address: 3200 PORT ROYALE DR N #2108  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VP ( ) Delete  
Name: PARISI, CYNTHIA A  
Address: 6731 NW 22 COURT  
City-St-Zip: MARGATE, FL 33063

Title: T ( ) Delete  
Name: PEREZ, MIGUEL A  
Address: 5223 SW 128TH PL  
City-St-Zip: MIAMI, FL 33175

Title: S ( ) Delete  
Name: LAWSON, DANIEL E  
Address: 8341 NW 23RD STREET  
City-St-Zip: PEMBROKE PINES, FL 33024

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

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

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

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: WILLIAM A LAWSON

P

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date