

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P03000152916

1. Entity Name  
FRANK C. LAWSON, P.A.



Principal Place of Business  
1266 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470-6806

Mailing Address  
1266 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470-6806



01032005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0490454	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

LAWSON, FRANK C  
1266 E. SILVER SPRINGS BLVD.  
OCALA, FL 34470-6806

**DO NOT WRITE  
IN THIS SPACE**

8. 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 registered agent.

SIGNATURE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

UD0000197856

01/27/05-80028-018 158.75

**DO NOT WRITE  
IN THIS SPACE**

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LAWSON, FRANK C  
STREET ADDRESS 1266 E. SILVER SPRINGS BLVD.  
CITY-ST-ZIP OCALA, FL 344706806

TITLE ST  
NAME LAWSON, FRANK C  
STREET ADDRESS 1266 E. SILVER SPRINGS BLVD.  
CITY-ST-ZIP OCALA, FL 344706806

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank C. Lawson January 24, 2005 (352) 351-5510  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #