2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000152916

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

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

DO NOT WRITE IN THIS SPACE

01162006   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
20-0490454		Not Applicable

5. Certificate of Status Desired ☒   **$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 _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00 **After May 1, 2006 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

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	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

II0000390222
01/23/06-80019-005 158.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, President_ _January 17, 2005_ _352-351-5510_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #
Frank C. Lawson, President