

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2006 8:00 am**  
**Secretary of State**

05-03-2006 90210 009 \*\*\*150.00

**DOCUMENT # 230837**

1. Entity Name

R.C. LAWLER, INC.



Principal Place of Business

500 23RD AVE. NORTH  
SAINT PETERSBURG FL 33704  
US

Mailing Address

P O BOX 7792  
ST PETERSBURG FL 33734  
US



2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-6069883

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

MCCONNELL, NANCY  
500 23RD AVE. NORTH  
SAINT PETERSBURG FL 33704

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete  
NAME MCCONNELL, NANCY L.  
STREET ADDRESS 500 23RD AVE. NORTH  
CITY-ST-ZIP SAINT PETERSBURG FL 33704

TITLE VPD ☐ Delete  
NAME MC EARLE, LEIGH  
STREET ADDRESS 590 ANDORAH CIRCLE  
CITY-ST-ZIP ST PETERSBURG FL 33703

TITLE SD ☐ Delete  
NAME CARVALIS, WENDY  
STREET ADDRESS 581 VALLANCE DR. NE  
CITY-ST-ZIP SAINT PETERSBURG FL 33716

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **TINA THOMAS**  
CITY-ST-ZIP **190 LAKE SEMINARY CIR**  
**MAITLAND, FL. 32751**

TITLE ☐ Change ☒ Addition  
NAME **DIRECTOR**  
STREET ADDRESS **TROY THOMAS**  
CITY-ST-ZIP **830 STETSON ST.**  
**ORLANDO, FL. 32804**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Nancy McConnell* NANCY MCCONNELL PRES. 4/19/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #