2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2009
Secretary of State

DOCUMENT# 230837

Entity Name: R.C. LAWLER, INC.

Current Principal Place of Business:

500 23RD AVE. NORTH
SAINT PETERSBURG, FL 33704 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7792
ST PETERSBURG, FL 33734 US

New Mailing Address:

FEI Number: 59-6069883 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCONNELL, NANCY
500 23RD AVE. NORTH
SAINT PETERSBURG, FL 33704 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: PTD ( ) Delete
Name: MCCONNELL, NANCY L.
Address: 500 23RD AVE. NORTH
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: VPD ( ) Delete
Name: MC EARLE, LEIGH
Address: 590 ANDORAH CIRCLE
City-St-Zip: ST PETERSBURG, FL 33703

Title: SD ( ) Delete
Name: CARVALIS, WENDY
Address: 581 VALLANCE DR. NE
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: D ( ) Delete
Name: THOMAS, TINA
Address: 190 LAKE SEMINARY CIR
City-St-Zip: MAITLAND, FL 32751

Title: D ( ) Delete
Name: THOMAS, TROY
Address: 830 STETSON ST
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change ( ) Addition
Name: CARVALIS, WENDY
Address: 2616 11TH ST N
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D (X) Change ( ) Addition
Name: THOMAS, TINA
Address: 1811 BAREFOOT PLACE EAST
City-St-Zip: VERO BEACH, FL 32963

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: NANCY MCCONNELL PRES 04/24/2009

Electronic Signature of Signing Officer or Director — Date