

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90040 019 ***150.00

DOCUMENT # 231437

1. Entity Name
LAWTON PRINTERS, INC.



Principal Place of Business
**185 ANCHOR ROAD
CASSELBERRY, FL 32707**

Mailing Address
**185 ANCHOR ROAD
CASSELBERRY, FL 32707**

50016082



01062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0897525

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

~~LAWTON, CESTIA C.~~
~~395 HILLCREST ST.~~
~~OVIDO, FL 32792~~

Kimberly L. Koon
185 Anchor Rd
Casselberry FL
32707

**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: **Kimberly L. Koon** **Kimberly L. Koon - President** **2/10/05**
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, 2005 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	LAWTON, CESTIA C
STREET ADDRESS	185 ANCHOR ROAD
CITY - ST - ZIP	ORLANDO, FL 32707
TITLE	STD
NAME	LAWTON, SHARON B
STREET ADDRESS	185 ANCHOR ROAD
CITY - ST - ZIP	ORLANDO, FL 32707
TITLE	Pres
NAME	Kimberly L. Koon
STREET ADDRESS	185 Anchor Rd
CITY - ST - ZIP	Casselberry FL 32707
TITLE	V. Pres
NAME	Tyler Koon
STREET ADDRESS	185 Anchor Rd.
CITY - ST - ZIP	Casselberry FL 32707
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Kimberly L. Koon** **Kimberly L. Koon** **2/10/05** **407-260-0400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #