

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # 329434

1. Entity Name
LAWTON BROS., INC.



Principal Place of Business
**2515 DINNEEN AVENUE
ORLANDO, FL 32804-4203**

Mailing Address
**P.O. BOX 547635
ORLANDO, FL 32854-7635 US**



01032005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1212101

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAWTON, DAVID
2515 DINNEEN AVE.
ORLANDO, FL 32804**

**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, 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
NAME
STREET ADDRESS
CITY-ST-ZIP
**CD
LAWTON JR, LAWRENCE
4244 KENDRICK ROAD
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LAWTON, JEANNE P.
4244 KENDRICK ROAD
ORLANDO, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
LAWTON, DAVID B
10855 PIPING ROCK CIR
ORLANDO, FL 32817**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
LAWRENCE L. LAWTON
2662 TIERRA CIRCLE
WINTER PARK, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

01/11/05-80022-007 150.00

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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:

David B. Lawton
DAVID B. LAWTON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/05
Date

407 241 2501
Daytime Phone #