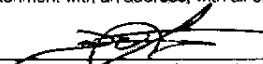


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # 556679 1. Entity Name THOMAS C. LAWTON D.M.D., P.A.			
Principal Place of Business 201 N LAKEMONT AVE WINTER PARK, FL 32792		Mailing Address 201 N LAKEMONT AVE WINTER PARK, FL 32792	
DO NOT WRITE IN THIS SPACE			
		01032005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 59-1783253	
		Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWTON, THOMAS C 201 NORTH LAKEMONT AVE WINTER PARK, FL 32792		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 _____ (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		U00000184203 01/20/05-80021-013 150.00	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PST LAWTON, THOMAS C 201 N LAKEMONT AVE WINTER PARK, FL	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	D LAWTON, THOMAS C 201 N LAKEMONT AVE WINTER PARK, FL		
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TITLE NAME STREET ADDRESS CITY-ST- ZIP			
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		THOMAS C. LAWTON, D.M.D. 1-13-05 407-644 8242 Date Daytime Phone #	