

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84967

FILED  
Feb 04, 2004  
Secretary of State

Entity Name: KEITH LAWSON COMPANY, INC.

## Current Principal Place of Business:

4557 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303 US

## New Principal Place of Business:

## Current Mailing Address:

% KEITH O. LAWSON  
P. O. BOX 37309  
TALLAHASSEE, FL 32315 US

## New Mailing Address:

% KEITH O. LAWSON, SR.  
P. O. BOX 37309  
TALLAHASSEE, FL 323157309 US

FEI Number: 59-2421595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LAWSON, KEITH O  
210 MEADOW RIDGE DRIVE  
TALLAHASSEE, FL 32312 US

## Name and Address of New Registered Agent:

LAWSON, KEITH O  
4017 CHIPOLA STREET  
TALLAHASSEE, FL 32303 US

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:

02/04/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: T ( ) Delete  
Name: LAWSON, CHARLES J  
Address: 6244 ROCKY TOP DRIVE  
City-St-Zip: ANTIOCH, TN 37013

Title: CEO ( ) Delete  
Name: LAWSON, KEITH O SR  
Address: 210 MEADOW RIDGE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

Title: PCEO ( ) Delete  
Name: LAWSON, KEITH O II  
Address: 2481 LUTEN ROAD  
City-St-Zip: QUINCY, FL 32351

Title: S ( ) Delete  
Name: GOODMAN, KELLY M  
Address: 4557 CAPITAL CIRCLE SW  
City-St-Zip: TALLAHASSEE, FL 32303

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: CEO (X) Change ( ) Addition  
Name: LAWSON, KEITH O SR  
Address: 4017 CHIPOLA STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: PCFO (X) Change ( ) Addition  
Name: LAWSON, KEITH O II  
Address: 2481 LUTEN ROAD  
City-St-Zip: QUINCY, FL 32351

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KELLY M GOODMAN

SEC

02/04/2004

Electronic Signature of Signing Officer or Director

Date