

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84967

FILED
Feb 15, 2006
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, SR.
P. O. BOX 37309
TALLAHASSEE, FL 323157309 US

New Mailing Address:

FEI Number: 59-2421595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LAWSON, KEITH O
P.O. BOX 37309
TALLAHASSEE, FL 323157309 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: T () Delete
Name: LAWSON, CHARLES J
Address: 1311 CITADEL COURT
City-St-Zip: FRANKLIN, TN 37067 US

Title: CEO () Delete
Name: LAWSON, KEITH O SR
Address: P.O. BOX 37309
City-St-Zip: TALLAHASSEE, FL 323157309 US

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

Title: S () Delete
Name: GOODMAN, KELLY M
Address: P.O. BOX 37309
City-St-Zip: TALLAHASSEE, FL 323157309 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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 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: RENEE HAMMITT

ACCT

02/15/2006

Electronic Signature of Signing Officer or Director

_____ Date