## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84967

P.O. BOX 37309

LAWSON, KEITH O II

QUINCY, FL 32351 US

GOODMAN, KELLY M

2481 LUTEN ROAD

PCFO

TALLAHASSEE, FL 323157309 US

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Address:

Title:

Title:

Name:

Name:

Address: City-St-Zip:

City-St-Zip:

Entity Name: KEITH LAWSON COMPANY, INC

FILED Jan 03, 2007 Secretary of State

•					
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	AL CIRCLE NV EE, FL 32303				
Current Mailing Address:			New Mailing Address	New Mailing Address:	
P. O. BOX 37	LAWSON, SR 7309 EE, FL 32315				
FEI Number: 59	9-2421595	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				New Registered Agent:	
LAWSON, KEITH O P.O. BOX 37309 TALLAHASSEE, FL 323157309 US			LAWSON, KEITH O 4557 CAPITAL CIRCLE TALLAHASSEE, FL 32		
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	: KEITH O. L	AWSON		01/03/2007	
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Name: L Address: 1	r () D LAWSON, CHARL 1311 CITADEL CO FRANKLIN, TN 37	ES J DURT	Title: ( Name: Address: City-St-Zip:	()Change ()Addition	
	CEO ()D		Title:	( ) Change ( ) Addition	

Address:

Title:

Title:

Name:

Name:

Address:

City-St-Zip:

City-St-Zip:

 Address:
 P.O. BOX 37309
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 323157309 US
 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: KELLY GOODMAN S 01/03/2007

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