

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84967

Entity Name: KEITH LAWSON COMPANY, INC.

FILED  
Jan 28, 2009  
Secretary of State

## 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:

% 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  
4557 CAPITAL CIRCLE NW  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

LAWSON, KEITH O SR  
4557 CAPITAL CIRCLE NW  
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: KEITH O. LAWSON

01/28/2009

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: T (X) Change ( ) Addition  
Name: LAWSON, CHARLES J  
Address: P.O. BOX 37309  
City-St-Zip: TALLAHASSEE, FL 32315 US

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

Title: PCOO (X) Change ( ) Addition  
Name: LAWSON, KEITH O II  
Address: P.O. BOX 37309  
City-St-Zip: TALLAHASSEE, FL 32315 US

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

I hereby certify that the information supplied with this filing does not qualify 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

01/28/2009

Electronic Signature of Signing Officer or Director

Date