

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F84967

FILED
Jan 11, 2011
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 ()

Name and Address of Current Registered Agent:

LAWSON, KEITH O SR
4557 CAPITAL CIRCLE NW
TALLAHASSEE, FL 32303 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

OFFICERS AND DIRECTORS:

Title: T
Name: LAWSON, CHARLES J
Address: P.O. BOX 37309
City-St-Zip: TALLAHASSEE, FL 32315 US

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

Title: PCOO
Name: LAWSON, KEITH O II
Address: P.O. BOX 37309
City-St-Zip: TALLAHASSEE, FL 323157309 US

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

Title: VP
Name: HARRELL, TIMOTHY L
Address: PO BOX 37309
City-St-Zip: TALLAHASSEE, FL 323157309 US

I hereby 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 all other like empowered.

SIGNATURE: KELLY GOODMAN

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01/11/2011

Electronic Signature of Signing Officer or Director

Date