2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# H03980

Entity Name: LAWSON FINANCIAL CORPORATION

Current Principal Place of Business:

400 CARILLON PARKWAY
210
ST PETURSBURG, FL 33716 US

New Principal Place of Business:

Current Mailing Address:

3352 E CAMELBACK RD
PHOENIX, AZ 85018 US

New Mailing Address:

FEI Number: 59-2413607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BALLON, PAUL J JR
400 CARILLON PARKWAY
210
ST PETERSBURG, FL 33716 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: LAWSON, ROBERT W.,
Address: 5230 E. HATCHER
City-St-Zip: PARADISE VALLEY, AZ

Title: V ( ) Delete
Name: BALLON, PAUL J JR
Address: 400 CARILLON PKWY #210
City-St-Zip: ST PETERSBURG, FL 33716 US

Title: ST ( ) Delete
Name: LAWSON, PAMELA,
Address: 5230 E. HATCHER
City-St-Zip: PARADISE VALLEY, AZ

Title: D ( ) Delete
Name: NANNA, LONA M
Address: 207 W CLARENDON AVE #16-E
City-St-Zip: PHOENIX, AZ 85013 US

Title: D ( ) Delete
Name: BUSSEY, RUTLAND W
Address: 400 CARILLON PKWY, #210
City-St-Zip: ST PETERSBURG, FL 33716

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:

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: LONA M NANNA DIR 07/02/2007

Electronic Signature of Signing Officer or Director Date