

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90275 001 *1,500.00

DOCUMENT # K28756

1. Entity Name
LAWSON & CO., INC.



Principal Place of Business
**12323 SW 55TH STREET
#1006
COOPER CITY, FL 33330**

Mailing Address
**12323 SW 55TH STREET
#1006
COOPER CITY, FL 33330**

66013623



03272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0132423

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LAWSON, DANIEL
8341 NW 23RD STREET
PEMBROKE PINES, FL 33024**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAWSON, WILLIAM J
STREET ADDRESS	8640 NW 19TH ST
CITY-ST-ZIP	PEMBROKE, FL 33024
TITLE	VP
NAME	LAWSON, RICHARD
STREET ADDRESS	3200 PORT ROYALE DR N #2108
CITY-ST-ZIP	FORT LAUDERDALE, FL 33308
TITLE	VP
NAME	PARISI, CYNTHIA
STREET ADDRESS	6731 SW 128TH PLACE
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	T
NAME	PAREZ, MIGUEL
STREET ADDRESS	5223 SW 128TH PL
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	S
NAME	LAWSON, DANIEL
STREET ADDRESS	8341 NW 23RD STREET
CITY-ST-ZIP	PEMBROKE PINES, FL 33024
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

Charles M. Diveto, Jr., CPA, PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
**7425 N.W. 4th Street
Plantation, Florida 33317**

4/24/06

Date

954-321-6300

Daytime Phone #