


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # K55072 1. Entity Name ELIZABETH LAWSON INSURANCE, INC.	
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Principal Place of Business
**% ELIZABETH LAWSON
4342 DUHME ROAD
MADEIRA BEACH, FL 33708**

Mailing Address
**% ELIZABETH LAWSON
4342 DUHME ROAD
MADEIRA BEACH, FL 33708**



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0090351	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LAWSON, ELIZABETH
4342 DUHME ROAD
MADEIRA BEACH, FL 33708-9809**

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000471121
03/28/06-80040-011 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PS LAWSON, ELIZABETH 914 BAY POINT DR MADEIRA BCH, FL
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	T LAWSON, VERNON 914 BAY POINT DR MADEIRA BCH, FL
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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**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 19, 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: *Elizabeth Lawson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

103/15/2006 *1/27/391-3422*
Date Daytime Phone