2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L78788

1. Entity Name
LARRY L. LAWSON PRIVATE INVESTIGATIONS, INC.

Principal Place of Business	Mailing Address
1725 OLD 100 ROAD GENEVA, FL 32732	P.O. BOX 37 GENEVA, FL 32732

04302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3022492

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAWSON, LARRY L.
1725 OLD 100 RD
GENEVA, FL 32732

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000949608
06/03/08-80035-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAWSON, LARRY L.
STREET ADDRESS	1725 OLD 100 RD , P O BOX 37
CITY-ST-ZIP	GENEVA, FL
TITLE	PS
NAME	LAWSON, LARRY L.
STREET ADDRESS	1725 OLD 100 RD, P O BOX 37
CITY-ST-ZIP	GENEVA, FL
TITLE	VPT
NAME	LAWSON, LARRY L
STREET ADDRESS	1725 OLD 100 RD PO BOX 37
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	AS
NAME	LAWSON, SHERRILL
STREET ADDRESS	1725 OLD 100 RD PO BOX 37
CITY-ST-ZIP	GENEVA, FL 32732
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Sherrill Lawson DATE: 4/30/08 PHONE: 407-417-1483