

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78788

FILED  
Apr 20, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1725 OLD 100 ROAD  
GENEVA, FL 32732

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 37  
GENEVA, FL 32732

**New Mailing Address:**

FEI Number: 59-3022492

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LAWSON, LARRY L.  
Address: 1725 OLD 100 RD , P O BOX 37  
City-St-Zip: GENEVA, FL

Title: PS ( ) Delete  
Name: LAWSON, LARRY L.  
Address: 1725 OLD 100 RD, P O BOX 37  
City-St-Zip: GENEVA, FL

Title: VPT ( ) Delete  
Name: LAWSON, LARRY L  
Address: 1725 OLD 100 RD PO BOX 37  
City-St-Zip: GENEVA, FL 32732

Title: AS ( ) Delete  
Name: LAWSON, SHERRILL  
Address: 1725 OLD 100 RD PO BOX 37  
City-St-Zip: GENEVA, FL 32732

**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:

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: LARRY L LAWSON

D

04/20/2009

Electronic Signature of Signing Officer or Director

Date