

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L78788

FILED  
Apr 26, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: LARRY L LAWSON

D

04/26/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date