

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000076244

Entity Name: SONIA C. LAWSON, P.A.

FILED
May 01, 2008
Secretary of State

Current Principal Place of Business:

601 NORTH ASHLEY, STE. 210
TAMPA, FL 33602

New Principal Place of Business:

3825 HENDERSON BLVD #604
TAMPA, FL 33629

Current Mailing Address:

P.O. BOX 320901
TAMPA, FL 33679

New Mailing Address:

P.O. BOX 320901
TAMPA, FL 33629

FEI Number: 59-3662451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, SONIA C
601 NORTH ASHLEY, STE. 210
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

LAWSON, SONIA C
3825 HENDERSON BLVD #604
TAMPA, FL 33629 US

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:

05/01/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWSON, SONIA C
Address: 601 NORTH ASHLEY, STE. 210
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAWSON, SONIA C
Address: PO BOX 320901
City-St-Zip: TAMPA, FL 33679

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: SONIA LAWSON

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date