

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102891

FILED
Apr 11, 2004
Secretary of State

Entity Name: LAWSON & ASSOCIATES INSURANCE ADJUSTERS INC

Current Principal Place of Business:

14499 S.W. 112TH CIRCLE
DUNNELLON, FL 34432

New Principal Place of Business:

14006 S.W. 112TH CIRCLE
DUNNELLON, FL 34432

Current Mailing Address:

14499 S.W. 112TH CIRCLE
DUNNELLON, FL 34432

New Mailing Address:

14006 S.W. 112TH CIRCLE
DUNNELLON, FL 34432

FEI Number: 65-1062173

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, DENIS
14499 S.W. 112TH CIRCLE
DUNNELLON, FL 34432

Name and Address of New Registered Agent:

LAWSON, DENIS
14006 S.W. 112TH CIRCLE
DUNNELLON, FL 34432

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: DENIS LAWSON

04/11/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAWSON, DENIS
Address: 14499 SW 112TH. CIR
City-St-Zip: DUNNELLON, FL 34432

Title: ST () Delete
Name: LAWSON, RHODA
Address: 14499 SW 112TH. CIR
City-St-Zip: DUNNELLON, FL 34432

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAWSON, DENIS
Address: 14006 SW 112TH. CIR
City-St-Zip: DUNNELLON, FL 34432

Title: ST (X) Change () Addition
Name: LAWSON, RHODA
Address: 14006 SW 112TH. CIR
City-St-Zip: DUNNELLON, FL 34432

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENIS LAWSON

PRES

04/11/2004

Electronic Signature of Signing Officer or Director

Date