JAN-16-2008 WED 02:39 PM CORNERSTONE ACCOUNTING FA

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Jan 22, 2008 8:00 am
Secretary of State
01-22-2008 90050 021 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000050067

1. Entity Name
LAWTON PAUL, P.A.

40006699

Principal Place of Business	Mailing Address
1214 BLUE HERON LN JACKSONVILLE BEACH, FL 32250	1214 BLUE HERON LN JACKSONVILLE BEACH, FL 32250

01162008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3721356 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PARKER, WILLIAM E
1214 BLUE HERON LN
JACKSONVILLE BEACH, FL 32250

7. Name and Address of New Registered Agent

Name PARKER, BELVA
Street Address (P.O. Box Number Is Not Acceptable) 1214 BLUE HERON LANE
City JACKSONVILLE BEACH FL Zip Code 32250

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 Belva Parker 1-16-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV PARKER, WILLIAM E 1214 BLUE HERON LN JACKSONVILLE, FL 32250	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST PARKER, BELVA 1214 BLUE HERON LN JACKSONVILLE, FL 32250	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVST PARKER, BELVA 1214 BLUE HERON LANE JACKSONVILLE BEACH, FL 32250	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 all address, with all other like empowered.

SIGNATURE: Belva Parker 1-16-08 904-246-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #