


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90005 010 ***158.75

DOCUMENT # P02000024712	
1. Entity Name JEFF LAWSON CONSTRUCTION, INC.	

Principal Place of Business 337 SUNDIAL ST. PANAMA CITY BEACH FL 32413	Mailing Address 337 SUNDIAL ST. PANAMA CITY BEACH FL 32413
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2. Principal Place of Business 6201 Thomas Drive Suite, Apt. #, etc. 110 City & State Panama City Beach, FL Zip 32407 Country Bay	3. Mailing Address PO Box 19346 Suite, Apt. #, etc. City & State Panama City Beach, FL Zip 32417 Country Bay
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MOORE CR2E034 (11/03)

4. FEI Number 74-3030930	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAWSON, JEFFERY M 4455 W. 19TH STREET 4 PANAMA CITY FL 32405	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 Jeff Lawson President DATE 2/5/04

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, JEFFERY M 337 SUNDIAL STREET PANAMA CITY BEACH FL 32413 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 19346 Panama City Beach, FL 32417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 an address, with all other like empowered.

SIGNATURE: Jeff Lawson Jeffery M. Lawson 2-5-04 850-896-4798

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #