

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90275 001 *1,500.00

DOCUMENT # P03000075203

1. Entity Name
LAWSON & CO. IV, INC.



Principal Place of Business
**5020 SOUTH STATE ROAD 7
FORT LAUDERDALE, FL 33314**

Mailing Address
**5020 SOUTH STATE ROAD 7
FORT LAUDERDALE, FL 33314**

66013626



03212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
56-2378704

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LAWSON, WILLIAM
5020 SOUTH STATE ROAD 7
FORT LAUDERDALE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAWSON, WILLIAM
STREET ADDRESS	8640 NW 19 AVE
CITY- ST- ZIP	PEMBROKE PINES, FL 33024

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 an address, with all other like empowered.

SIGNATURE: ✓

Charles M. Diveto, Jr., CPA, PA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

**425 NW 4th Street
Plantation, Florida 33317**

Date

Daytime Phone #

4/24/06 954-321-6300