


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2007 8:00 am
Secretary of State

03-05-2007 90041 044 ***150.00

DOCUMENT # P03000095314	
1. Entity Name LAWSON HARDWARE INC.	

Principal Place of Business 3217 N CORK RD PLANT CITY, FL 33565	Mailing Address 3217 N CORK RD PLANT CITY, FL 33565
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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

40020000



01262007 Chg-P CR2E034 (12/06)

4. FEI Number 51-0481432	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
CAROLYN, LAWSON 3217 N CORK RD PLANT CITY, FL 33565	

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 _____
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, 2007 Fee will be \$550.00	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	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, CAROLYN	NAME	
STREET ADDRESS	3217 N CORK RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, JOEY	NAME	
STREET ADDRESS	3217 N CORK RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, JOHN L	NAME	
STREET ADDRESS	3217 N CORK RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, CAROLYN	NAME	
STREET ADDRESS	3217 N CORK RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWSON, CAROLYN	NAME	
STREET ADDRESS	3217 N CORK RD	STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY, FL 33565	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Carolyn Lawson **2-28-07** **813-754-8291**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



ATTACHMENT 40028693

Division of Corporations

2007 Annual Report

Listed below is the most recent information reported for the entity.
Please review and click the appropriate button at the bottom to generate the annual report form.

This information cannot be changed on the report.	
Document Number	P03000095314
Business Entity Name	LAWSON HARDWARE INC.
Original File Date	09/01/2003

FBI Number 51-0481432

Principal Address 3217 N CORK RD
PLANT CITY, FL 33565

Mailing Address 3217 N CORK RD
PLANT CITY, FL 33565

Registered Agent LAWSON CAROLYN
3217 N CORK RD
PLANT CITY, FL 33565

Officer/Director Name And Address

P
CAROLYN LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

V
JOEY LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

V
JOHN L LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

S
CAROLYN LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

T
CAROLYN LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

If all of the above information is
correct and you do not wish to
make any changes, please select:

No Changes

If you need to make changes to
the above information, please
select:

Make Changes

ATTACHMENT
40028693



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Registered Agent LAWSON CAROLYN
3217 N CORK RD
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Officer/Director Name And Address

P
CAROLYN LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

V
JOEY LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

V
JOHN L LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

S
CAROLYN LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

T

ATTACHMENT 40028693
#P03D000095314

CAROLYN LAWSON
3217 N CORK RD
PLANT CITY, FL 33565

If all of the above
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select:

If you need to make
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information, please
select:

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