2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000134333

1. Entity Name
L & N ELECTRIC PARTNERS, INC.

Principal Place of Business	Mailing Address
5928 LAWSON LN MILTON, FL 32570	5928 LAWSON LN MILTON, FL 32570

DO NOT WRITE IN THIS SPACE

01132005   No Chg-P   CR2E034 (10/03)

4. FEI Number 20-0494247	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, DAVID R
5928 LAWSON LN
MILTON, FL 32570

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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, 2005 Fee will be $550.00

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

U00000229107
02/14/05--80065-017 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWSON, BRYAN E
STREET ADDRESS	4088 BARCLAY DR
CITY-ST-ZIP	PACE, FL 32571
TITLE	VD
NAME	LAWSON, JONATHAN R
STREET ADDRESS	3582 ACY LOWERY RD
CITY-ST-ZIP	PACE, FL 32571
TITLE	TSD
NAME	LAWSON, DAVID R
STREET ADDRESS	5928 LAWSON LN
CITY-ST-ZIP	MILTON, FL 32570
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _David R. Lawson_ DAVID R. LAWSON 2-10-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #