

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000129477

Entity Name
RUTH E. LAWLER, P.A.



Principal Place of Business
**725 19TH STREET COURT WEST
BRADENTON, FL 34205 US**

Mailing Address
**425 19TH STREET COURT WEST
BRADENTON, FL 34205 US**



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1602443

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LAWLER, RUTH E
725 19TH STREET COURT WEST
BRADENTON, FL 34205**

**DO NOT WRITE
IN THIS SPACE**

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

OFFICERS AND DIRECTORS

NAME	PSTD
NAME	LAWLER, RUTH E
STREET ADDRESS	425 19TH STREET COURT WEST
CITY-STATE-ZIP	BRADENTON, FL 34205
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
NAME	
STREET ADDRESS	
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NAME	
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CITY-STATE-ZIP	

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01/30/06-80044 006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/06 941-748-630
Date Daytime Phone #