FILED
Apr 18, 2008 08:00 AM
Secretary of State

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000162427

1. Entity Name
C.R. LAWMAN CORPORATION

Principal Place of Business	Mailing Address
VILLAGE FOUNTAIN PLAZA 237 US 27 NORTH SEBRING, FL 33870	VILLAGE FOUNTAIN PLAZA 237 US 27 NORTH SEBRING, FL 33870

DO NOT WRITE IN THIS SPACE

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number: 20-3122703 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

LAWMAN, NATHALIE MRS
130 BROWNING CIRCLE
S E WINTER HAVEN, FL 33884

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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 ______________________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000906451
05/02/08-80022-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWMAN, CARLETON R
STREET ADDRESS	VILLAGE FOUNTAIN PLAZA 237 US 27 NORTH
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	SD
NAME	LAWMAN, NATHALIE A
STREET ADDRESS	VILLAGE FOUNTAIN PLAZA 237 US 27 NORTH
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
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: Carleton R. Lawman CARLETON R. LAWMAN 4/15/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #