


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90048 009 ***150.00

DOCUMENT # P06000034425 1. Entity Name LAWSON LAWCARE INC.			
Principal Place of Business 5415 LAKE HOWELL RD. SUITE 121 WINTER PARK FL 32792 US		Mailing Address 5415 LAKE HOWELL RD. SUITE 121 WINTER PARK FL 32792 US	
2. Principal Place of Business - No P.O. Box # 2006 Ponderosa Ave.		3. Mailing Address 5415 Lake Howell Rd.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. Suite 121	
City & State Winter Park FL		City & State Winter Park, FL	
Zip 32792	Country USA	Zip 32792	Country USA
6. Name and Address of Current Registered Agent LAWSON, DAVID K 2006 PONDEROSA AVE. WINTER PARK FL 32792		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and the applicable (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAWSON, DAVID K 2006 PONDEROSA AVE. WINTER PARK FL 32792 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAWSON, ALAN J DR. 486 SCENIC DR. DILLARD GA 30537 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <i>David K. Lawson</i> David K. Lawson		4-1-07 907.672-0445	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

