

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2007 8:00 am
Secretary of State

04-12-2007 90022 017 ***158.75

DOCUMENT # P06000066851					
1. Entity Name DALE S. LAWLER, P.A.					
Principal Place of Business 2579 BEDFORD MEWA DRIVE WELLINGTON, FL 33414			Mailing Address 2579 BEDFORD MEWA DRIVE WELLINGTON, FL 33414		
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	02072007 Chg-P CR2E034 (12/06)	
4. FEI Number 57-1236868				Applied For Not Applicable	
5. Certificate of Status Desired ☒				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HENDERSON, JR., A. FAXON 525 SOUTH FLAGLER DRIVE SUITE 200 WEST PALM BEACH, FL 33401			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 resubmitting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$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-STATE-ZIP	DPST LAWLER, DALE S 2579 BEDFORD MEWA DRIVE WELLINGTON, FL 33414	☐ Delete			
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		☐ Change ☐ Addition			
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 filers empowered.					
SIGNATURE: <u>Dale S. Lawler</u>		4-9-07 (561) 818-0629			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					