2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000132586

Entity Name: RAWLS & RAWLS, INC.

Name:

Address:

City-St-Zip:

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 1822 3RD ST. NW WINTER HAVEN, FL 33881 US **Current Mailing Address: New Mailing Address:** 1822 3RD ST. NW WINTER HAVEN, FL 33881 US FEI Number: 20-5874005 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ELLISON, KEESEE, GRAY & ASSOCIATES, INC. THE ELLISON CORPORATION 123 N. KENTUCKY AVE. 1224 DAVID CT WAUCHULA, FL 33873 SUITE 212 US LAKELAND, FL 33801 US 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. SIGNATURE: ALLEN L. ELLISON 04/30/2009 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: **PVST** (X) Change () Addition RAWLS, LEON V Name: Name: RAWLS, LEON V 1822 3RD ST. NW 1822 3RD ST. NW Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 US City-St-Zip: WINTER HAVEN, FL 33881 US Title: Title: () Delete () Change () Addition Name: RAWLS, CHARLIE F Name: 1822 3RD ST. NW Address: Address: WINTER HAVEN, FL 33881 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change (X) Addition Name: BROWN, ENOCH Name: 420 BALSAMINA DRIVE Address Address: City-St-Zip: City-St-Zip: BRANDON, FL 33510 US Title: () Delete Title: () Change (X) Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

CAMPBELL, FAYE

420 BALSAMINA DRIVE

BRANDON, FL 33510 US

SIGNATURE: LEON V. RALWS P 04/30/2009