

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000012811

Entity Name: LWS & ASSOCIATES, INC.

FILED
Sep 01, 2009
Secretary of State

Current Principal Place of Business:

504 SALT WIND COURT EAST
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

504 SALT WIND COURT EAST
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 26-1693662

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAUGHAN, LYNN W
504 SALT WIND COURT EAST
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: STRAUGHAN, LYNN W
Address: 504 SALT WIND COURT EAST
City-St-Zip: PONTE VEDRA, FL 32082

Title: VP () Delete
Name: WAUGH, BENNY R JR
Address: 3337 ALLENDALE PL
City-St-Zip: MONTGOMERY, AL 36111

Title: VP () Delete
Name: WAUGH, BENNY R SR
Address: 4910 GUERRY DRIVE
City-St-Zip: MACON, GA 31210

Title: VP () Delete
Name: WAUGH, ANNA C
Address: 4910 GUERRY DRIVE
City-St-Zip: MACON, GA 31210

Title: VP () Delete
Name: STIENTENROTH, PATRICIA W
Address: 4642 TWIN OAK DRIVE
City-St-Zip: MACON, GA 31210

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LYNN W. STRAUGHAN

CEO

09/01/2009

Electronic Signature of Signing Officer or Director

Date