

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000012811

Entity Name: LWS & ASSOCIATES, INC.

**FILED**  
**Apr 30, 2010**  
**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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

Title: VP  
Name: STIETENROTH, PATRICIA W  
Address: 4642 TWIN OAK DRIVE  
City-St-Zip: MACON, GA 31210

I hereby 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 all other like empowered.

SIGNATURE: LYNN WAUGH STRAUGHAN

CEO

04/30/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date