2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000075033

Name:

Address:

City-St-Zip:

5990 35TH AVENUE N

ST PETERSBURG, FL 33710

Entity Name: LAWSON INSURANCE AGENCY, INC.

FILED Feb 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 400 COREY AVE 2ND FLOOR 4338 DUHME ROAD ST PETE BEACH, FL 33706 MADEIRA BEACH, FL 33708 **Current Mailing Address: New Mailing Address:** 400 COREY AVE 2ND FLOOR ST PETE BEACH, FL 33706 FEI Number: 26-3143745 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MCNAMARA, TERRANCE P ESQ 400 COREY AVE 2ND FLOOR ST PETE BEACH, FL 33706 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition LAWSON, GARY V Name: Name: 5990 35TH AVENUE NFLOOR Address: Address: City-St-Zip: ST PETERSBURG, FL 33710 City-St-Zip: Title: DVPT () Delete Title: () Change () Addition LAWSON, DAWN E 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.

Ρ SIGNATURE: GARY V. LAWSON 02/12/2009