# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 08, 2011**
**Secretary of State**

DOCUMENT# P08000075033

**Entity Name:** LAWSON INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

4338 DUHME ROAD
MADEIRA BEACH, FL 33708

**New Principal Place of Business:**

5990 35TH AVENUE N
ST PETERSBURG, FL 33710

**Current Mailing Address:**

400 COREY AVE 2ND FLOOR
ST PETE BEACH, FL 33706

**New Mailing Address:**

5990 35TH AVENUE N
ST PETERSBURG, FL 33710

**FEI Number: 26-3143745** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCNAMARA, TERRANCE P ESQ
400 COREY AVE 2ND FLOOR
ST PETE BEACH, FL 33706 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

**OFFICERS AND DIRECTORS:**

Title: DPS
Name: LAWSON, GARY V
Address: 5990 35TH AVENUE N
City-St-Zip: ST PETERSBURG, FL 33710

Title: DVPT
Name: LAWSON, DAWN E
Address: 5990 35TH AVENUE N
City-St-Zip: ST PETERSBURG, FL 33710

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: GARY V LAWSON P 03/08/2011

Electronic Signature of Signing Officer or Director — Date