

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000067187

FILED  
Jan 24, 2012  
Secretary of State

**Entity Name:** LAWSON FUNERAL HOME & CREMATION SERVICES, INC.

**Current Principal Place of Business:**

4535 CENTRAL AVE  
ST. PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

4535 CENTRAL AVE  
ST. PETERSBURG, FL 33713 US

**New Mailing Address:**

**FEI Number:** 27-0709801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONTRACTORS REPORTING SERVICE, INC  
13795 N. NEBRASKA AVE  
TAMPA, FL 33613 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: PRES  
Name: LAWSON, BENJAMIN E  
Address: 2575 GOMAZ WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: VP  
Name: LAWSON, STEPHANIE C  
Address: 2575 GOMAZ WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: VP  
Name: LAWSON, BENJAMIN F  
Address: 2575 GOMAZ WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

Title: SEC  
Name: LAWSON, CECELIA N  
Address: 2575 GOMAZ WAY SOUTH  
City-St-Zip: ST. PETERSBURG, FL 33712 US

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: STEPHANIE E LAWSON

PRES

01/24/2012

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

\_\_\_\_\_  
Date