2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P92000001918

1. Entity Name
MICHAEL ALAN LAWN, P.A.

Principal Place of Business	Mailing Address
3043 BRAELOCH CIRCLE WEST	3043 BRAELOCH CIRCLE WEST
CLEARWATER, FL 33761 US	CLEARWATER, FL 33761 US

DO NOT WRITE IN THIS SPACE

01042006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3152444	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAWN, MICHAEL A
3043 BRAELOCH CIRCLE WEST
CLEARWATER, FL 33761

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U00000384061
01/13/06-80026-003 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSTD
NAME	LAWN, MICHAEL A
STREET ADDRESS	3043 BRAELOCH CIRCLE WEST
CITY-ST-ZIP	CLEARWATER, FL 33761

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ MICHAEL LAWN , PRESIDENT   1-9-6   727-791-147B
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #