

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90045 038 ***150.00

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1. Entity Name
ANTHONY M. LAWHON, P.A.



Principal Place of Business **YARNELL**
C/O PARRISH, LAWHON & YARNELL, P.A.
3431 PINE RIDGE RD STE 101
NAPLES, FL 34109

Mailing Address **YARNELL**
C/O PARRISH, LAWHON & YARNELL, P.A.
3431 PINE RIDGE RD STE 101
NAPLES, FL 34109



01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0805115** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LAWHON, ANTHONY
3431 PINE RIDGE ROAD
STE 101
NAPLES, FL 34109

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LAWHON, ANTHONY M**
STREET ADDRESS **3431 PINE RIDGE ROAD STE 101**
CITY-ST-ZIP **NAPLES, FL 34109**

TITLE
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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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/07
Date

Daytime Phone #