

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000019789

FILED
Mar 10, 2011
Secretary of State

Entity Name: LAWSON ESTATE HOMES, INC.

Current Principal Place of Business:

10215 GOPHER ROAD
HOWEY IN THE HILLS, FL 34737

New Principal Place of Business:

10131 TWEEN WATERS STREET
CLERMONT, FL 34715

Current Mailing Address:

P.O. BOX 121103
CLERMONT, FL 34712

New Mailing Address:

10131 TWEEN WATERS STREET
CLERMONT, FL 34715

FEI Number: 59-3561598

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWSON, SANDRA
10215 GOPHER ROAD
HOWEY IN THE HILLS, FL 34737 US

Name and Address of New Registered Agent:

LAWSON, SANDRA H
10131 TWEEN WATERS STREET
CLERMONT, FL 34715 US

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: SANDRA H. LAWSON

03/10/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP
Name: LAWSON, RUSSELL
Address: 10131 TWEEN WATERS STREET
City-St-Zip: CLERMONT, FL 34715

Title: VP
Name: LAWSON, SANDRA H
Address: 10131 TWEEN WATERS STREET
City-St-Zip: CLERMONT, FL 34715

Title: S
Name: LAWSON, SANDRA H
Address: 10131 TWEEN WATERS STREET
City-St-Zip: CLERMONT, FL 34715

Title: T
Name: LAWSON, SANDRA H
Address: 10131 TWEEN WATERS STREET
City-St-Zip: CLERMONT, FL 34715

Title: D
Name: LAWSON, SANDRA H
Address: P.O. BOX 121103
City-St-Zip: CLERMONT, FL 34712

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: SANDRA H. LAWSON

VP

03/10/2011

Electronic Signature of Signing Officer or Director

Date