


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90044 034 \*\*\*150.00

**DOCUMENT # P99000042387**  
1. Entity Name  
**THE LAW OFFICE OF CAROL A. LAWSON, P.A.**



Principal Place of Business Mailing Address  
~~2127 W DR MICK BLVD~~ *2194 Main St* P.O. BOX 2381  
~~TAMPA, FL 33607~~ *Suite 5* DUNEDIN, FL 34697  
*Dunedin, FL 34698*

40012211



**DO NOT WRITE IN THIS SPACE**

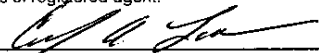
01202005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3572915	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**LAWSON, CAROL A**  
~~2127 W DR MICK JR BLVD~~ *2194 Main St H 5*  
~~TAMPA, FL 33607~~ *Dunedin, FL 34698*

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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:  DATE: *1/28/05*

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

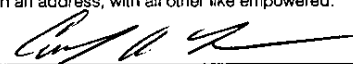
**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, CAROL A P.O. BOX 2381 DUNEDIN, FL 34697
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: *1/28/05*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #