2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000042387

1. Entity Name

THE LAW OFFICE OF CAROL A. LAWSON, P.A.



Principal Place of Business

2194 MAIN STREET

SUITE J DUNEDIN, FL 34698 Mailing Address

P.O. BOX 2381 DUNEDIN, FL 34697

Jan 30, Secret

Jan 30, 2006 8:00 am Secretary of State

01-30-2006 90057 034 ***150.00

FILED



01192006

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3572915

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAWSON, CAROL A 2194 MAIN STREET SUITE J TAMPA, FL 33607

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TAMPA, FL 33607			iii iiio oi AoL		
the obligat	named entity submits this statement for the pions of registered agent.	surpose of changing its registere	ed office or re	egistered agent, or both, in the State	of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and tide i	il applicable. (NOTE: Registered	d Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution			cing	\$5.00 May Be Added to Fees	
10.	0. OFFICERS AND DIRECTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAWSON, CAROL A P.O. BOX 2381 DUNEDIN, FL 34697				
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TITLE NAME STREET ADDRESS					

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/66 (727) 733-026