## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P99000056026

Entity Name: RAWSON & CO., INC.

Address:

City-St-Zip:

FILED May 18, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2755 FENWICK RD PENSACOLA, FL 32526 US **Current Mailing Address: New Mailing Address:** 2755 FENWICK RD PENSACOLA, FL 32526 US FEI Number: 58-2489569 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAWSON, CODY 16 TRISTAN WAY PENSACOLA BEACH, FL 32561 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: Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RAWSON, CODY Name: Name: 16 TRISTAN WAY Address: Address: City-St-Zip: PENSACOLA BEACH, FL 32561 City-St-Zip: Title: Title: () Change () Addition () Delete JOHNSON, DARRIN Name: Name: 5733 RIDGEFIELD CT Address: Address: MILTON, FL 32583 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete VΡ ( ) Change (X) Addition WEAVER, RUSSELL T Name: Name: 10731 BEULAH RD Address Address: City-St-Zip: City-St-Zip: PENSACOLA, FL 32526 Title: () Delete Title: VΡ ( ) Change (X) Addition RAWSON, DONNA K Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

Address:

City-St-Zip:

16 TRISTAN WAY

PENSACOLA BEACH, FL 32561

SIGNATURE: DARRIN JOHNSON S 05/18/2005