

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000056026

Entity Name: RAWSON & CO., INC.

FILED  
Mar 23, 2006  
Secretary of State

## Current Principal Place of Business:

2755 FENWICK RD  
PENSACOLA, FL 32526 US

## New Principal Place of Business:

106 STONE BLVD  
CANTONMENT, FL 32533 US

## Current Mailing Address:

2755 FENWICK RD  
PENSACOLA, FL 32526 US

## New Mailing Address:

106 STONE BLVD  
CANTONMENT, FL 32533 US

FEI Number: 58-2489569

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RAWSON, CODY  
16 TRISTAN WAY  
PENSACOLA BEACH, FL 32561 US

## Name and Address of New Registered Agent:

RAWSON, CODY  
106 STONE BLVD  
CANTONMENT, FL 32533 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:

03/23/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RAWSON, CODY  
Address: 16 TRISTAN WAY  
City-St-Zip: PENSACOLA BEACH, FL 32561

Title: S ( ) Delete  
Name: JOHNSON, DARRIN  
Address: 5733 RIDGEFIELD CT  
City-St-Zip: MILTON, FL 32583

Title: VP ( ) Delete  
Name: WEAVER, RUSSELL T  
Address: 10731 BEULAH RD.  
City-St-Zip: PENSACOLA, FL 32526

Title: VP ( ) Delete  
Name: RAWSON, DONNA K  
Address: 16 TRISTAN WAY  
City-St-Zip: PENSACOLA BEACH, FL 32561

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: RAWSON, CODY  
Address: 106 STONE BLVD  
City-St-Zip: CANTONMENT, FL 32533

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: RAWSON, DONNA K  
Address: 106 STONE BLVD  
City-St-Zip: CANTONMENT, FL 32533

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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.

SIGNATURE: CODY RAWSON

P

03/23/2006

Electronic Signature of Signing Officer or Director

Date