2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S35566

Title:

Name:

Address:

City-St-Zip:

Entity Name: LAWSON & COMPANY, II, INC

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:			ess:	New Principal Place of Business:		
	SAMPLE ROAI SE POINT, FL		US			
Current Mailing Address:				New Mailing Address:		
	SAMPLE ROAI SE POINT, FL		US			
FEI Number:	65-0252831	FEI Numb	per Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of	Name and Address of New Registered Agent:	
#2108	RICHARD ' ROYALE DR N DERDALE, FL		JS			
The above in the State		bmits thi	s statement for the p	ourpose of changing its registere	d office or registered agent, or both,	
SIGNATUR	⊏.					
	⊏.					
		Signatu	re of Registered Age	ent	Date	
Election Cam	Electronic	-	re of Registered Age	ent	Date	
	Electronic	rust Fund	-		Date ES TO OFFICERS AND DIRECTORS:	
	Electronic paign Financing 1	Trust Fund ORS: Pelete AM, VE	d Contribution ().			
OFFICERS Title: Name: Address:	Electronic paign Financing 1 AND DIRECTO P () D LAWSON, WILLIA 8640 NW 19TH A	ORS: Delete AM, VE ES, FL 330	d Contribution ().	ADDITIONS/CHANG Title: Name: Address:	ES TO OFFICERS AND DIRECTORS:	
OFFICERS Title: Name: Address: City-St-Zip: Title: Name: Address:	Electronic paign Financing 1 AND DIRECTO P ()D LAWSON, WILLIA 8640 NW 19TH A PEMBROKE PINE T ()D PEREZ, MIGUEL, 5223 SW 128 PL MIAMI, FL	ORS: Delete AM, VE ES, FL 330 Delete	d Contribution ().	ADDITIONS/CHANG Title: Name: Address: City-St-Zip: Title: Name: Address:	ES TO OFFICERS AND DIRECTORS: () Change () Addition	

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

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: RICHARD LAWSON VP 07/07/2008

() Delete

PARISI, CYNTHIA A

MARGATE, FL 33063

6731 NW 22 CT

() Change () Addition