

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V21598

FILED
Feb 03, 2009
Secretary of State

Entity Name: LAWSON FAMILY, INC.

Current Principal Place of Business:

322 SULLIVAN ST.
PONTA GORDA, FL 33950 US

New Principal Place of Business:

322 SULLIVAN ST
PONTA GORDA, FL 33950 US

Current Mailing Address:

PO BOX 512120
PONTA GORDA, FL 3951 US

New Mailing Address:

FEI Number: 59-3120091 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESSEL, ROBERT D
364 W.OLYMPIA
PONTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVD () Delete
Name: WESSEL, ROBERT D.,
Address: 364 W.OLYMPIA ST
City-St-Zip: PONTA GORDA, FL 33950

Title: STD () Delete
Name: WESSEL, RUTH LAWSON,
Address: 364 W. OLYMPIA ST
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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.

SIGNATURE: ROBERT WESSEL

OWNE

02/03/2009

Electronic Signature of Signing Officer or Director

Date