

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # V61748

1. Entity Name
LAWSON-HALL LABORATORIES, INC.



Principal Place of Business
6160 EDGEWATER DR
SUITE D
ORLANDO, FL 32810

Mailing Address
6160 EDGEWATER DR
SUITE D
ORLANDO, FL 32810

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DO NOT WRITE IN THIS SPACE

04272005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-3148971

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, RUSSELL L., JR.
6160 EDGEWATER DR
SUITE D
ORLANDO, FL 32810

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, RUSSELL L., JR.
STREET ADDRESS	6160 EDGEWATER DR #D
CITY - ST - ZIP	ORLANDO, FL
TITLE	VD
NAME	SMITH, RUSSELL LAWSON
STREET ADDRESS	1000 HUNTINGTON COURT
CITY - ST - ZIP	MAITLAND, FL
TITLE	VD
NAME	SMITH, O. DAVID
STREET ADDRESS	1000 HUNTINGTON COURT
CITY - ST - ZIP	MAITLAND, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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04/29/05-80051-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Russell L. Smith

Russell L. Smith

4/26/05

(407) 293-8444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone