

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 01, 2006 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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02172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

**U00000558300
05/17/06-80089-014 150.00**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Lawson Smith* *7/28/06*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #