## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 487566**

FILED Mar 18, 2004 Secretary of State

Entity Name: LARKIN CONTRACTING, INC.

Current P	rincipal Place of Business:	New Principal Place of Business:
6001 N 50 ΓΑΜΡΑ, F	OTH STREET FL 33610	
Current M	Mailing Address:	New Mailing Address:
6001 N 50 ГАМРА, F	TH STREET L 33610	
El Number	: 59-1657922 FEI Number Applied For	( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )
Name and	d Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
3001 Ν. 50 ΓΑΜΡΑ, F	EL 33610 US	
	e named entity submits this statement f e of Florida.	or the purpose of changing its registered office or registered agent, or bot
	e of Florida. RE:	
n the Stat	e of Florida.	
n the Stat	e of Florida. RE:	red Agent Date
n the Stat	e of Florida.  RE:  Electronic Signature of Register	red Agent Date
n the Stati BIGNATU Election Car DFFICER Title: lame: kddress:	e of Florida.  RE:  Electronic Signature of Register  mpaign Financing Trust Fund Contribution (	red Agent Date
n the Stati BIGNATU  Election Cal  DFFICER  Title: Idame: Address: City-St-Zip: Title: Idame: Address:	e of Florida.  RE:  Electronic Signature of Register  mpaign Financing Trust Fund Contribution (  S AND DIRECTORS:  CD (X) Delete  LARKIN, PATRICK J,  1101 AREVALD DE AVILA	red Agent Date  ).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name:  Address:
n the Stat	e of Florida.  RE:  Electronic Signature of Register  mpaign Financing Trust Fund Contribution (  S AND DIRECTORS:  CD (X) Delete  LARKIN, PATRICK J,  1101 AREVALD DE AVILA  TAMPA, FL 33613  PTD () Delete  HUBER, TERRENCE M  105 4TH ST NW	red Agent Date  ).  ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: DOROTHY B. WHITE S 03/18/2004