

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2006 8:00 am
Secretary of State

03-07-2006 90015 013 ***150.00

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1. Entity Name
NEIL LARSON SHARPENING SERVICE, INC.



Principal Place of Business
**2022 BADGER GLEN
 ESCONDIDO, CA 92029**

Mailing Address
**2022 BADGER GLEN
 ESCONDIDO, CA 92029**

50001243

2. Principal Place of Business
2008 GOSHAWK ST.

3. Mailing Address
2008 GOSHAWK ST.

Suite, Apt. #, etc. **-**



01092006 Chg-P CR2E034 (11/05)

City & State
SAN DIEGO, CA

City & State
SAN DIEGO, CA

Zip
92123

Country
USA

4. FEI Number
20-2377498

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

**HALL, KELLY K
 225 ADAMS CREEK ROAD
 DEFUNIAK SPRINGS, FL 32433**

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

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** Zip Code _____

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD LARSON, NEIL K 2008 GOSHAWK SAN DIEGO, CA 92123 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Neil K. Larson **NEIL K. LARSON** 3/1/06 (858) 518-1457

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #