


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F37785 1. Entity Name A. AND R. LARSON, INC.	
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Principal Place of Business 4740 TORTOISE SHELL DR BOCA RATON, FL 33487-2147	Mailing Address 4740 TORTOISE SHELL DR BOCA RATON, FL 33487-2147
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DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2100547	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

LARSON, RICHARD
 4740 TORTIOSE SHELL DRIVE
 BOCA RATON, FL 33487-2147

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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 _____ 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, 2004 Fee will be \$550.00

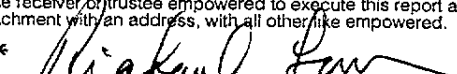
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000066658
02/26/04-80024-012 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LARSON, RICHARD 4740 TORTOISE SHELL DR BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LARSON, YVONNE 4740 TORTOISE SHELL DR BOCA RATON, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *  Richard Larson 2-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR