

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000055039

1. Entity Name
ATWOOD & LARISON, INC.



Principal Place of Business
1270 N. WICKHAM ROAD, #28
MELBOURNE, FL

Mailing Address
1270-28 N. WICKHAM ROAD
28
MELBOURNE, FL 32935



01032007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 04-3758275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LARISON, JIMMY L
3945 FENROSE CIRCLE
MELBOURNE, FL 32940

**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 Jimmy L Larison
Signature, typed or printed name of registered agent and LLC, if applicable.

(NOTE: Registered Agent signature required when constituting)

Jan. 3, 2007
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARISON, JIMMY L 3945 FENROSE CIRCLE MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LARISON, ALICIA L 3945 FENROSE CIRCLE MELBOURNE, FL 32940
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ATWOOD, JOHN R 342 PRESSVIEW AVE. LONGWOOD, FL 32750
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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01/05/07-80007-017 158.75

**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: Jimmy L Larison

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jan 3, 2007