2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90475 017 ***150.00

DOCUMENT # P03000135347

1. Entity Name
AL LARSEN, INC.

Principal Place of Business	Mailing Address
171 EAST 3RD STREET CHULUOTA, FL 32767 US	171 EAST 3RD STREET CHULUOTA, FL 32767 US

04282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
171 EAST 3RD COURT	171 EAST 3RD COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHULUOTA, FL	City & State: CHULUOTA, FL
Zip: 32766 Country: USA	Zip: 32766 Country: USA

4. FEI Number ~~APPLIED FOR~~ 20-0413909 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LARSEN (O), AL 171 EAST 3RD ~~STREET~~ COURT CHULUOTA, FL ~~32767~~ 32766	Name: AL LARSON Street Address (P.O. Box Number is Not Acceptable): 171 EAST 3RD COURT City: CHULUOTA FL Zip Code: 32766

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: Al Larson — 4-29-05
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, 2005 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	DP ☐ Delete	TITLE	DP ☒ Change ☐ Addition
NAME	LARSEN, AL	NAME	LARSON, AL
STREET ADDRESS	171 EAST 3RD STREET	STREET ADDRESS	171 EAST 3RD COURT
CITY-ST-ZIP	CHULUOTA, FL 32767	CITY-ST-ZIP	CHULUOTA, FL 32766
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Al Larson — 4-29-05 — 407-365-5989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #