

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

| DOCUMENT # P0400047378 1. Entity Name LARRIE MEYER SERVICES INC | | | | | 02-25-2008 90052 022 ***150.00 | | | |
|--|---|--|----------|--|--------------------------------|------------------|-------------------------------|-----------------------------|
| Principal Place 7349 LUMBE ZEPHYRHILLS | RTON ROAD | Mailing Address 7349 LUMBERTON ROAD ZEPHYRHILLS, FL 33540 US | | S | | 114U5 | 88/H 88/H 8110 1888 AN 1888 1 | W ee 11 (11) |
| 2. Principal Pl | ace of Business - No P.O. Box # | 3. Mailing Address | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 02082008 | Chg-P | CR2E034 (12/06) | | |
| City & State | | City & State | | | 4. FEI Numb 20-084 | | | oplied For ot Applicable |
| Zip | Country | Zip | Zip Coun | | 5. Certificate | of Status Desire | d S8.75 Add Fee Require | |
| | 6. Name and Address of Current | | | | 7. Name and | Address of Ne | w Registered Agent | |
| BELLUSO, MARK A 36951 SR 54 WEST ZEPHYRHILLS, FL 33541 | | | | Street Address (P.O. Box Number is Not Accepta | | | able) | |
| | | | | City | | | FL Zip Coo | le |
| 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 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, 2008 Fee will be \$550.00 P. Election Campaign Financing Trust Fund Contribution. | | | | | | | | |
| 10, | OFFICERS AND | DIRECTORS | 11. | | ADDITIONS | /CHANGES TO | OFFICERS AND DIRECTOR | S IN 11 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MEYER, LARRIE S | | | 1 | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Delete | | | | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | - | ☐ Delete | | | , | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Defete | | į. | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP | | ☐ Delete | | l l | | | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied wit | ☐ Delete | CITY | EET ADORESS -ST-ZIP | inad in Charter | O. Elovido Circ | Change | Addition |

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 dath; 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 attachmen with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GRECTOR

2-18-08

Daytime Phone #