


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # S59974 1. Entity Name LARSON COMMUNITIES, INC.	
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Principal Place of Business 4691 LAUREL OAK LANE NE ST. PETERSBURG, FL 33703 US	Mailing Address 4691 LAUREL OAK LANE NE ST. PETERSBURG, FL 33703 US
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DO NOT WRITE IN THIS SPACE



03162004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3086004	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LARSON, WALTER
4691 LAUREL OAK LN NE
ST. PETERSBURG, FL 33703

**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 _____ 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**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LARSON, JEFFREY 985 MARCO DRIVE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, JEFFREY. 985 MARCO DRIVE ST. PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BAKER, LAURA 210 FOREST HILLS DR VALDESE, NC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, WALTER 1926 BRIGHTWATERS BLVD NE SAINT PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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04/09/04-80047-014 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____