


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90083 001 ***600.00

DOCUMENT # S59974 1. Entity Name LARSON COMMUNITIES, INC.	
---	---

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
---	---

DO NOT WRITE IN THIS SPACE



05242007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3086004	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 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
--	------------

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
--	------------------------------------

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	

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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	7-6-07 <small>Date</small>	<small>Daytime Phone #</small>
---	-------------------------------	--------------------------------