

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000047837

**Entity Name:** LARREMORE ENTERPRISES OF N.W. FLORIDA, INC.

**Current Principal Place of Business:**

8259 NAVARRE PARKWAY  
NAVARRE, FL 32566

**Current Mailing Address:**

402 BAYWOOD DR.  
NICEVILLE, FL 32578 US

**FEI Number: 26-2608078**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WELTON & WILLIAMSON, LLC  
1020 SOUTH FERDON BLVD.  
CRESTVIEW, FL 32536 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P/D  
Name LARREMORE, BENJAMIN A.  
Address 1113 45TH ST.  
City-State-Zip: NICEVILLE FL 32578

Title D  
Name LARREMORE, BARBARA A  
Address 1406 BAYSHORE DR.  
City-State-Zip: NICEVILLE FL 32578

Title D  
Name LARREMORE, KARLA L.  
Address 1113 45TH ST.  
City-State-Zip: NICEVILLE FL 32578

Title D  
Name PINEIRO, CARLOS B.  
Address 402 BAYWOOD DR.  
City-State-Zip: NICEVILLE FL 32578

Title VP/D  
Name LARREMORE, DAVID L  
Address 1406 BAYSHORE DR.  
City-State-Zip: NICEVILLE FL 32578

Title S/T/D  
Name PINEIRO, LISSETTE  
Address 402 BAYWOOD DR.  
City-State-Zip: NICEVILLE FL 32578

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: BARBARA A. LARREMORE**

**DIRECTOR**

**04/26/2013**

Electronic Signature of Signing Officer/Director Detail

Date