


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 31, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 124252</b> 1. Entity Name <b>LARMON FURNITURE INC</b>	
---	---

Principal Place of Business  
**C/O JIMMY KALAMARAS  
1324 EAST 7TH AVENUE  
TAMPA, FL 33605**

Mailing Address  
**C/O JIMMY KALAMARAS  
1324 EAST 7TH AVENUE  
TAMPA, FL 33605**



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
--	--

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**KALAMARAS, JIMMY  
1324 EAST 7TH AVE.  
TAMPA, FL 33605**

**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

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**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000875313  
04/11/08-80029-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PTSD
NAME	KALAMARAS, JIMMY
STREET ADDRESS	1324 E. 7TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	VPD
NAME	KALAMARAS, ELIZABETH L
STREET ADDRESS	1324 E. 7TH AVENUE
CITY-ST-ZIP	TAMPA, FL 33605

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

324-08 83247-4211