2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # 535544

1. Entity Name
THOMPSON, LARRY ENTERPRISES, INC.

Principal Place of Business	Mailing Address
532 N. SCENIC HIGHWAY LAKE WALES, FL 33853	2029 SR 60 E PMB 185 LAKE WALES, FL 33898

DO NOT WRITE IN THIS SPACE

01152004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1741999	Not Applicable

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

6. Name and Address of Current Registered Agent

THOMPSON, LARRY
300 MARTHA DR
LAKE WALES, FL 33898

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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, 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	PD
NAME	THOMPSON, LARRY O.
STREET ADDRESS	300 MARTHA DR.
CITY-ST-ZIP	LAKE WALES, FL

TITLE	D
NAME	THOMPSON, FAYE B.
STREET ADDRESS	300 MARTHA DR.
CITY-ST-ZIP	LAKE WALES, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/04/04-80146-015 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ Larry O. Thompson Pres.-/vof7   01-28-04   863 676 2424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #