

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 041 ***150.00

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1. Entity Name
LARSON AIR CONDITIONING, INCORPORATED



Principal Place of Business
**11645 SW 97TH COURT
MIAMI, FL 33176**

Mailing Address
**11645 SW 97TH COURT
MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1834246

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LARSON, JAMES G.
11645 SW 97TH COURT
MIAMI, FL**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LARSON, JAMES G
STREET ADDRESS	11645 SW 97TH COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	V
NAME	LARSON, CURTIS
STREET ADDRESS	11645 SW 97TH COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	S
NAME	LARSON, MARGE
STREET ADDRESS	11645 SW 97TH COURT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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: **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

4/18/05
Date

305 350-1251-6303
Daytime Phone #

Jim Larson