


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # 577929 1. Entity Name LARSON AIR CONDITIONING, INCORPORATED	
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Principal Place of Business 11645 SW 97TH COURT MIAMI, FL 33176	Mailing Address 11645 SW 97TH COURT MIAMI, FL 33176
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03212006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-1834246** Applied For
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 LARSON, JAMES G. 11645 SW 97TH COURT MIAMI, FL
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**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LARSON, JAMES G 11645 SW 97TH COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARSON, CURTIS 11645 SW 97TH COURT MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LARSON, MARGE 11645 SW 97TH COURT MIAMI, FL 33176
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04/22/06-80096-023 150.00

**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: James G. Larson 4/6/06 305-251-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #