

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90040 041 \*\*\*150.00

**DOCUMENT # 588324**

1. Entity Name  
**LARRY ROSS BUILDERS, INC.**



Principal Place of Business  
**5538 N.W. 43RD ST  
SUITE A  
GAINESVILLE, FL 32653 US**

Mailing Address  
**5538 N.W. 43RD ST  
SUITE A  
GAINESVILLE, FL 32633 US**

**DO NOT WRITE IN THIS SPACE**



03162005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>59-1852463</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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

**ROSS, LARRY  
2604 NW 162 STR  
NEWBERRY, FL 32669**

**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	SD
NAME	ROSS, BONNIE
STREET ADDRESS	2604 NW 162 STR
CITY-ST-ZIP	NEWBERRY, FL 00000,

TITLE	DP
NAME	ROSS, LARRY
STREET ADDRESS	2604 NW 162 STR
CITY-ST-ZIP	NEWBERRY, FL 00000,

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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

Date

Daytime Phone #

*Bonnie L Ross* 3/17/05 352-377-6801