

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90039 034 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

40017367

DOCUMENT # 657002
 1. Entity Name
LARRY MCLEMORE, INC.



Principal Place of Business
**5555 W HWY 98
 PANAMA CITY FL 32401
 US**

Mailing Address
**3550 LOWE ST.
 PANAMA CITY FL 32405**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

5555 W HWY 98
PANAMA CITY, FL
32401 USA



1st MOORE CR2E034 (10/04)

4. FEI Number **59-2019920** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEMORE LARRY
 4019 PRINCESS LANE
 PANAMA CITY FL 32405**

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-electing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCLEMORE JAMES L 4019 PRINCESS LANE PANAMA CITY FL 32405 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(f), 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 McLemore Date: 2-8-05 Daytime Phone #: 850-769-0170