



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90433 011 \*\*\*150.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # 811652</b><br>1. Entity Name<br><b>LARSON &amp; MCGOWIN, INC.</b>  |  |  |   |   |  |
| Principal Place of Business<br><b>254 N JACKSON ST<br/>PO BOX 2143<br/>MOBILE, AL 36652</b>  |  |  | Mailing Address<br><b>254 N JACKSON ST<br/>PO BOX 2143<br/>MOBILE, AL 36652</b> |  |  |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |  |  | 3. Mailing Address<br>Suite, Apt. #, etc.                                       |  |  |
| City & State   |  |  | City & State  |  |  |
| Zip  | Country  | Zip  | Country   | 4. FEI Number<br><b>63-0368692</b>   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |  |  |   | Applied For<br><input type="checkbox"/> Not Applicable   |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 S. PINE ISLAND ROAD<br/>PLANTATION, FL 33324</b>  |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____<br><small>Signature, typed or printed name of registered agent and title of applicant (If 2005 Registered Agent signature required when completing)</small>  |  |  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2005 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |  |
| 10. OFFICERS AND DIRECTORS   |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                           |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | COB<br><b>LARSON, L. KEVILLE</b><br><b>2105 VENETIA RD.</b><br><b>MOBILE, AL</b> <input type="checkbox"/> Delete         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | VPS<br><b>MCCALL, L. ALEXANDER</b><br><b>367 RIDGELAWN DR</b><br><b>MOBILE, AL 36608</b> <input type="checkbox"/> Delete |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | PT<br><b>MCCALL, BARRETT B</b><br><b>9 SOUTH JULIA</b><br><b>MOBILE, AL 36604</b> <input type="checkbox"/> Delete        |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br><b>FOSTER, ROBERT J.</b><br><b>ROUTE 2, BOX 226A</b><br><b>HONORAVILLE, AL</b> <input type="checkbox"/> Delete      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | V<br><b>WRIGHT, J. TOBEY</b><br><b>7057 STONEBRIDGE CT</b><br><b>MOBILE, AL 36608</b> <input type="checkbox"/> Delete    |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP   | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                              | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| 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 persons empowered. |  |  |   |  |  |
| SIGNATURE:    |  |  | 4/28/05 251-438-4581  |  |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |  | <small>Date Daytime Phone #</small>   |  |  |