

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # 811652</b>	
1. Entity Name <b>LARSON &amp; MCGOWIN, INC.</b>	



Principal Place of Business <b>254 N JACKSON ST PO BOX 2143 MOBILE AL 36652</b>	Mailing Address <b>254 N JACKSON ST PO BOX 2143 MOBILE AL 36652</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number <b>63-0368692</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>
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7. Name and Address of New Registered Agent	
Name	
Street Address (P. O. Box Number is Not Acceptable)	
City	Zip Code

**FL**

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 resigning) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 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	
TITLE	COB <input type="checkbox"/> Delete
NAME	LARSON, L. KEVILLE
STREET ADDRESS	2105 VENETIA RD.
CITY - ST - ZIP	MOBILE AL
TITLE	VPS <input type="checkbox"/> Delete
NAME	MCCALL, L. ALEXANDER
STREET ADDRESS	367 RIDGELAWN DR
CITY - ST - ZIP	MOBILE AL 36608
TITLE	PT <input type="checkbox"/> Delete
NAME	MCCALL, BARRETT B
STREET ADDRESS	9 SOUTH JULIA
CITY - ST - ZIP	MOBILE AL 36604
TITLE	V <input type="checkbox"/> Delete
NAME	FOSTER, ROBERT J.
STREET ADDRESS	ROUTE 2, BOX 226A
CITY - ST - ZIP	HONORAVILLE AL
TITLE	V <input type="checkbox"/> Delete
NAME	WRIGHT, J. TOBEY
STREET ADDRESS	7057 STONEBRIDGE CT
CITY - ST - ZIP	MOBILE AL 36608
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U000000545673  
05/11/06-80085-022 150.00  
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, and that I am duly empowered.

**SIGNATURE:** **L. Alexander McCall** 4/28/06 251-43844581  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #