

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811652

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: LARSON & MCGOWIN, INC.

## Current Principal Place of Business:

254 N JACKSON ST  
MOBILE, AL 36603

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 2143  
MOBILE, AL 36652

## New Mailing Address:

FEI Number: 63-0368692

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: LARSON, L. KEVILLE  
Address: 2105 VENETIA RD.  
City-St-Zip: MOBILE, AL

Title: VPS ( ) Delete  
Name: MCCALL, L. ALEXANDER  
Address: 367 RIDGELAWN DR  
City-St-Zip: MOBILE, AL 36608

Title: PT ( ) Delete  
Name: MCCALL, BARRETT B  
Address: 4535 KINGSWAY DRIVE  
City-St-Zip: MOBILE, AL 36608

Title: V (X) Delete  
Name: FOSTER, ROBERT J.  
Address: ROUTE 2, BOX 226A  
City-St-Zip: HONORAVILLE, AL

Title: V (X) Delete  
Name: SEAWELL, RUTH C  
Address: 810 PINEWOOD CT  
City-St-Zip: DAPHNE, AL 36526

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change ( ) Addition  
Name: LARSON, L. KEVILLE  
Address: 2105 VENETIA RD.  
City-St-Zip: MOBILE, AL 36605

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARRETT B. MCCALL

PT

04/27/2009

Electronic Signature of Signing Officer or Director

Date