

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 827164

FILED  
Mar 20, 2009  
Secretary of State

Entity Name: LARSON & SONS DEVELOPING, INC.

**Current Principal Place of Business:**

4691 LAURAL OAK LANE NE  
ST PETERSBURG, FL 337033132 US

**New Principal Place of Business:**

**Current Mailing Address:**

4691 LAUREL OAK LN NE  
ST. PETERSBURG, FL 337033132 US

**New Mailing Address:**

FEI Number: 22-1936976      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LARSON, WALTER I.  
4691 LAUREL OAK LANE NE  
ST. PETERSBURG, FL 33703      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: PD ( ) Delete  
Name: LARSON, WALTER I,  
Address: 1926 BRIGHTWATERS BLVD NE  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: D ( ) Delete  
Name: LARSON, MARJORIE E.,  
Address: 5460 JOE'S CREEK DR. N.  
City-St-Zip: ST. PETERSBURG, FL

Title: STD ( ) Delete  
Name: LARSON, DAVID V.,  
Address: 775 34TH AVE. N.E.  
City-St-Zip: ST. PETERSBURG, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: WALTER I LARSON

PD

03/20/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date