

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 26, 2004 08:00 AM
Secretary of State

DOCUMENT # F37785

1. Entity Name
A. AND R. LARSON, INC.



Principal Place of Business
4740 TORTOISE SHELL DR
BOCA RATON, FL 33487-2147

Mailing Address
4740 TORTOISE SHELL DR
BOCA RATON, FL 33487-2147

DO NOT WRITE IN THIS SPACE



02072004 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2100547

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARSON, RICHARD
4740 TORTIOSE SHELL DRIVE
BOCA RATON, FL 33487-2147

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

000000066659
02/26/04-80024-012 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
LARSON, RICHARD
4740 TORTOISE SHELL DR
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
LARSON, YVONNE
4740 TORTOISE SHELL DR
BOCA RATON, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 like empowered.

SIGNATURE: *

Richard Larson

Richard Larson

2-22-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR