

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L45338

1. Entity Name
LARBREN & ASSOCIATES, INC.



Principal Place of Business
**106 TANGELO TERR.
CRESCENT CITY, FL 32112 US**

Mailing Address
**106 TANGELO TERR.
CRESCENT CITY, FL 32112 US**



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2987760	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HINSON, BRENDA J
106 TANGELO TERRACE
CRESCENT CITY, FL 32112**

**DO NOT WRITE
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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	HINSON, BRENDA J.
STREET ADDRESS	106 TANGELO TERRACE
CITY-ST-ZIP	CRESCENT CITY, FL 32112

TITLE	ST
NAME	HINSON, LARRY C
STREET ADDRESS	106 TANGELO TERRACE
CITY-ST-ZIP	CRESCENT CITY, FL 32112

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
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STREET ADDRESS	
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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Larry C. Hinson **LARRY C. HINSON**
SECRETARY

4-27-05

(386) 467-9043

Date

Daytime Phone #

**DO NOT WRITE
IN THIS SPACE**

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04/29/05-80020-014 150.00