
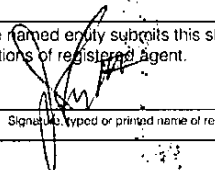
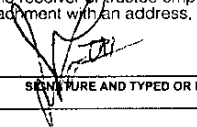


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90211 031 ***150.00

DOCUMENT # M89605 1. Entity Name JOSEPH P. LARKIN, III, P.A.					
Principal Place of Business P.O. BOX 1600 EUSTIS, FL 32727 US			Mailing Address P.O. BOX 1600 EUSTIS, FL 32727 US		
2. Principal Place of Business 1969 S. Alafaya Trail Suite, Apt. #, etc. #355 City & State Orlando, FL Zip 32828			3. Mailing Address 1969 S. Alafaya Trail Suite, Apt. #, etc. #355 City & State Orlando, FL Zip 32828		
4. FEI Number 59-2899526			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LARKIN, JOSEPH P., III 719 N. EUSTIS, ST. EUSTIS, FL 32727			7. Name and Address of New Registered Agent Name Joseph P. Larkin III Street Address (P.O. Box Number is Not Acceptable) 344 Timber Grove Ct. City Orlando FL Zip Code 32828		
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:  DATE: 4/24/06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LARKIN, JOSEPH P., III 719 N. EUSTIS, ST. EUSTIS, FL 32726	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Joseph P. Larkin III 1969 S. Alafaya Trail #355 Orlando, FL 32828
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  Joseph P. Larkin III President DATE: 4/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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