


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90083 001 ***600.00

DOCUMENT # P00000099188
 1. Entity Name
 LARSON COMMUNITIES NO. 3, INC.



Principal Place of Business
 4691 LAUREL OAK LN NE
 ST PETERSBURG, FL 33703

Mailing Address
 4691 LAUREL OAK LN NE
 ST PETERSBURG, FL 33703

DO NOT WRITE IN THIS SPACE

66020234



05242007 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 59-3677840 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

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

6. Name and Address of Current Registered Agent

ARSENULT, KENNETH G JR
 10225 ULMERTON RD, STE 2
 LARGO, FL 33771

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LARSON, WALTER I 4691 LAUREL OAK LN NE ST PETERSBURG, FL 33703 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P LARSON, JEFFREY C 4691 LAUREL OAK LN NE SAINT PETERSBURG, FL 33703 |
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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: Jeffrey C Larson Date: 7-6-07 Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR