

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000113139

Entity Name: LARMAR CORPORATION

FILED
Apr 29, 2004
Secretary of State

Current Principal Place of Business:

600-1 MAGNOLIA AVE.
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

600-1 MAGNOLIA AVE.
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 59-3686290

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THIGPEN, LARRY
12108 HONEY CREEK PLACE
JACKSONVILLE, FL 32223 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: P () Delete
Name: THIGPEN, LARRY L
Address: 600-1 MAGNOLIA AVE.
City-St-Zip: JACKSONVILLE, FL 32259

Title: VP () Delete
Name: THIGPEN, JULIE K
Address: 600-1 MAGNOLIA AVE.
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: THIGPEN, LARRY L
Address: 600-1 MAGNOLIA AVE.
City-St-Zip: JACKSONVILLE, FL 32259

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JULIE K. THIGPEN

VP

04/29/2004

Electronic Signature of Signing Officer or Director

Date