

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90076 029 ***150.00

DOCUMENT # P01000013771

1. Entity Name
LARRY S. GUEST, INC.



Principal Place of Business
**1501 W. FAIRBANKS AVE.
WINTER PARK, FL 32789**

Mailing Address
**1501 W. FAIRBANKS AVE.
WINTER PARK, FL 32789**

2. Principal Place of Business
6443 PARSON BROWN DR.
Suite, Apt. #, etc.

3. Mailing Address
6443 PARSON BROWN DR.
Suite, Apt. #, etc.

City & State
ORLANDO, FL

City & State
ORLANDO, FL

Zip
32819

Country
USA

Zip
32819

Country
USA

04082006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3695733

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**GUEST, LARRY S
1501 W. FAIRBANKS AVE.
WINTER PARK, FL 32789**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **GUEST, LARRY S**
STREET ADDRESS **1501 W. FAIRBANKS AVE.**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE **V** ☐ Delete
NAME **GUEST, MARY B**
STREET ADDRESS **1501 W. FAIRGROUNDS AVENUE**
CITY-ST-ZIP **WINTER PARK, FL 32789**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **GUEST, LARRY S**
STREET ADDRESS **6443 PARSON BROWN DR.**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE **V** ☒ Change ☐ Addition
NAME **GUEST, MARY B**
STREET ADDRESS **6443 PARSON BROWN**
CITY-ST-ZIP **ORLANDO, FL 32819**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

LARRY S. GUEST

4/10/06 407-352-1887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #