

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

04-11-2007 90015 020 ***150.00

DOCUMENT # P01000013771

1. Entity Name
LARRY S. GUEST, INC.



Principal Place of Business
**6443 PARSON BROWN DR.
ORLANDO, FL 32819**

Mailing Address
**6443 PARSON BROWN DR.
ORLANDO, FL 32819**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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
~~4504 W. FAIRBANKS AVE.~~ **6443 Parson Brown Dr**
~~WINTER PARK, FL 32789~~ **ORLANDO, FL 32819**

**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]
Signature of the person named in the statement of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

[Signature]
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GUEST, MARY B
6443 PARSON BROWN
ORLANDO, FL 32819

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

[Signature] **LARRY S. GUEST**

1/3/07 407-352-1887

Date

Daytime Phone #