

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019851

FILED
Jan 07, 2008
Secretary of State

Entity Name: LARRY'S CAP ROCK & STONE, INC.

Current Principal Place of Business:

1319 NW 2 STREET
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

1319 NW 2 ST
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 65-1086365

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBREGTS, RYAN K
1319 NW 2 ST
HOMESTEAD, FL 33030 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: V () Delete
Name: ALBREGTS, RYAN K
Address: 14848 SW 180 STREET
City-St-Zip: MIAMI, FL 33187

Title: P () Delete
Name: ALBREGTS, LAWRENCE E
Address: 1712 S. GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 33030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ALBREGTS, RYAN K
Address: 14848 SW 180 STREET
City-St-Zip: MIAMI, FL 33187

Title: CEO (X) Change () Addition
Name: ALBREGTS, LAWRENCE E
Address: 1712 S. GOLDENEYE LANE
City-St-Zip: HOMESTEAD, FL 33030

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: RYAN ALBREGTS

P

01/07/2008

Electronic Signature of Signing Officer or Director

Date