

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90068 046 ***150.00

DOCUMENT # P01000087943

1. Entity Name
LARRY CARR & ASSOCIATES, INC.



Principal Place of Business
**2701 W. BUSCH BLVD.
130
TAMPA, FL 33618**

Mailing Address
**2701 W. BUSCH BLVD.
130
TAMPA, FL 33618**

2. Principal Place of Business
16502 N. Dale Mabry Hwy.

3. Mailing Address
16502 N. Dale Mabry Hwy.



01262005 Chg-P CR2E034 (10/03)

City & State
Tampa, FL

City & State
Tampa, FL

4. FEI Number
59-3730901

Applied For
Not Applicable

Zip
33618

Country
U.S.A.

Zip
33618

Country
U.S.A.

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

6. Name and Address of Current Registered Agent

**CARR, LARRY
2701 W. BUSCH BLVD., STE. 130
TAMPA, FL 33618**

7. Name and Address of New Registered Agent

Name **Carr, Larry**
Street Address (P.O. Box Number is Not Acceptable)
16502 N. Dale Mabry Hwy.
City **Tampa** **FL** Zip Code **33618**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CARR, LARRY A**
STREET ADDRESS **2701 W. BUSCH BLVD., STE. 130**
CITY-ST-ZIP **TAMPA, FL 33618**

TITLE **S** ☐ Delete
NAME **MAZZIE, LYNDIA C**
STREET ADDRESS **2701 W. BUSCH BLVD., STE. 130**
CITY-ST-ZIP **TAMPA, FL 33618**

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 **Carr, Larry A.**
STREET ADDRESS **16502 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618**

TITLE **S** ☒ Change ☐ Addition
NAME **Mazzie, Lynda C.**
STREET ADDRESS **16502 N. Dale Mabry Hwy.**
CITY-ST-ZIP **Tampa, FL 33618**

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 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-05 813-268-8400