

2007 FOR PROFIT CORPORATION
2007 ANNUAL REPORT

DOCUMENT # P01000106941

1. Entity Name

LARRY D. ALMAND ENTERPRISES, INC.



Principal Place of Business

4911 S.W. 114TH WAY
FT. LAUDERDALE, FL. 33330

Mailing Address

4911 S.W. 114TH WAY
FT. LAUDERDALE, FL. 33330

FILED
Apr 06, 2007 08:00 AM
Secretary of State



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number

65-1150452

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALMAND, LARRY D
4911 S.W. 114TH WAY
FT. LAUDERDALE, FL. 33330

**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, 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, 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	D
NAME	ALMAND, LARRY D
STREET ADDRESS	4911 S.W. 114TH WAY
CITY-ST-ZIP	FT. LAUDERDALE, FL 33330
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000692455
04/13/07-80052-021 158.75

**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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LARRY D. ALMAND DIR. APRIL 4, 07 253.9059

Date

Daytime Phone #