

2009 FOR PROFIT CORPORATION  
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

09 JUN -2 PM 2:58

CLERK OF STATE  
TALLAHASSEE, FLORIDA



01052009 No Chg-P CR2E034 (11/08)

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, 2009 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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TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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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:

LARRY D. ALMAND

APRIL 26, 09 (954) 253-9057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #