

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031032

FILED
Jan 16, 2009
Secretary of State

Entity Name: THE LARSON INSURANCE GROUP, INC.

Current Principal Place of Business:

509 MAIN STREET
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1497 MAIN STREET
#307
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 01-0648148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARSON, WILL R
458 SCOTLAND STREET
DUNEDIN, FL 34698 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: PSTD () Delete
Name: LARSON, WILL R
Address: 509 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: LARSON, MARY K
Address: 509 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILL R. LARSON

PSTD

01/16/2009

Electronic Signature of Signing Officer or Director

Date