

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 23, 2004 08:00 AM  
Secretary of State**

**DOCUMENT # P02000078218**

1. Entity Name  
**LARNED & ROY, P.A.**



Principal Place of Business  
**16 SEABRIDGE DRIVE  
ORMOND BEACH, FL 32176**

Mailing Address  
**16 SEABRIDGE DRIVE  
ORMOND BEACH, FL 32176**



05182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**16-1616376**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LARNED, DONALD  
16 SEABRIDGE DR  
ORMOND BEACH, FL 32176**

**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

*Donald T. Larned PhD*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*6/20/04*  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROY, VIVIAN A 26 SEABRIDGE DRIVE ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DSVT LARNED, DONALD T PHD 26 SEABRIDGE DRIVE ORMOND BEACH, FL 32176
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UD00000162817  
06/23/04-80002-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

*Donald T. Larned*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald T. Larned  
16 Seabridge Drive  
Ormond Beach, FL 32176-6901

*(386) 441-4649*  
Daytime Phone #