

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Sep 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104378

1. Entity Name
LARUSSO ASSOCIATES, INC



Principal Place of Business
622 SANDERLING DRIVE
INDIALANTIC, FL 32903 US

Mailing Address
622 SANDERLING DRIVE
INDIALANTIC, FL 32903 US



07292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2380091

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LARUSSO, MARK A
622 SANDERLING DRIVE
INDIALANTIC, FL 32903

**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
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 P
NAME LARUSSO, MARK A
STREET ADDRESS 622 SANDERLING DRIVE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE VP
NAME LARUSSO, RANDY B
STREET ADDRESS 622 SANDERLING DRIVE
CITY-ST-ZIP INDIALANTIC, FL 32903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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

Mark A LaRusso

8/31/04

321-779-8505

Date

Daytime Phone #