

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2008 08:00 AM
Secretary of State

DOCUMENT # P03000021164

1. Entity Name:
PEG LARSON, INC.



Principal Place of Business
13382 BRYAN ROAD
LOXAHATCHEE, FL 33470

Mailing Address
P.O. BOX 373
LOXAHATCHEE, FL 33470



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number
30-0168781

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

BASS, DONALD L
7166 S.E. OSPREY STREET
HOBE SOUND, FL 33455

**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 Peggy Larson
Signature, typed or printed name of registered agent and title if applicable

(Nothing has changed)
(NOTE: Registered Agent signature required when reinstating)

DATE 4-8-08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P, D
NAME LARSON, PEG
STREET ADDRESS 13382 BRYAN ROAD
CITY- ST- ZIP LOXAHATCHEE, FL 33470

TITLE VT
NAME LARSON, KEN
STREET ADDRESS 13382 BRYAN RD
CITY- ST- ZIP LOXAHATCHEE, FL 33470

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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000000899585
04/22/08-20060-022 150.00

**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: Peggy Larson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/08 561-603 4958
Date Daytime Phone #