

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 20, 2007 8:00 am**  
**Secretary of State**

07-20-2007 90017 029 \*\*\*150.00

**DOCUMENT # P03000052791**

1. Entity Name  
**LARRY CHESEBRO INC**



Principal Place of Business  
**4721 TAHITI DR.  
BONITA SPRINGS, FL 34134**

Mailing Address  
**4721 TAHITI DR.  
BONITA SPRINGS, FL 34134**



2. Principal Place of Business - No P.O. Box #

**4696 KON TIKI LN**

Suite, Apt. #, etc.

3. Mailing Address

**4696 KON TIKI LN**

Suite, Apt. #, etc.

07162007 Chg-P CR2E034 (12/06)

City & State

**BONITA SPRINGS FL 34134**

City & State

**BONITA SPRING FL**

4. FEI Number

**65-1185147**

Applied For

Not Applicable

Zip

**34134**

Country

**LEE**

Zip

**34134**

Country

**LEE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHESEBRO, LARRY G P  
~~4721 TAHITI DR.~~  
BONITA SPRINGS, FL 34134**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 **LARRY G CHESEBRO P**

Signature, typed or printed name of registered agent and title if applicable.

*Larry G Chesbro P* **7-16-07**

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **CHESEBRO, LARRY G**  
STREET ADDRESS **4721 TAHITI DR.**  
CITY-ST-ZIP **BONITA SPRINGS, FL 34134**

TITLE ☒ Change ☐ Add  
NAME **4696 KON TIKI LN**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE *Larry G Chesbro*