## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000056678

Entity Name: LARS CORP

**FILED** Sep 05, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

5402 PIONEER PARK BLVD SUITE E TAMPA, FL 33634

**Current Mailing Address: New Mailing Address:** 

1065 SAN CARLOS AVE 4653 39TH AVE N

ST PETERSBURG, FL 33702 US ST PETERSBURG, FL 33714 US

FEI Number: 56-2359061 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARSON, MICHAEL T LARSON, MICHAEL T 1065 SAN CARLOS AVE 4653 39TH AVE N

ST PETERSBURG, FL 33702 US ST PETERSBURG, FL 33714 US

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: 09/05/2005

> Electronic Signature of Registered Agent Date

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

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition

LARSON, MICHAEL T LARSON, MICHAEL T Name: Name: 1065 SAN CARLOS AVE 4653 39TH AVE N Address: Address:

City-St-Zip: ST PETERSBURG, FL 33702 US City-St-Zip: ST PETERSBURG, FL 33714 US

Title: VΡ Title: VΡ () Delete (X) Change ( ) Addition Name: LARSON, MICHAEL T Name: LARSON, MICHAEL T

1065 SAN CARLOS AVE 4653 39TH AVE N Address: Address: ST PETERSBURG, FL 33702 US ST PETERSBURG, FL 33714 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: TRES () Delete TRES

LARSON, MICHAEL T LARSON, MICHAEL T Name: Name: 1065 SAN CARLOS AVE 4653 39TH AVE N Address: Address:

City-St-Zip: ST PETERSBURG, FL 33702 US City-St-Zip: ST PETERSBURG, FL 33714 US

Title: SEC ( ) Delete Title: SEC (X) Change ( ) Addition

LARSON, MICHAEL T LARSON, MICHAEL T Name: Name: Address: 1065 SAN CARLOS AVE Address: 4653 39TH AVE N

City-St-Zip: City-St-Zip: ST PETERSBURG, FL 33702 US ST PETERSBURG, FL 33714 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TODD LARSON **PRES** 09/05/2005