2005 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 25, 2005 8:00 am Secretary of State DOCUMENT # P03000068203 04-25-2005 90290 050 ***150 00 LARKIN & LARKIN ASSOCIATES, INC. Principal Place of Business Mailing Address 16528 N 2.2 3355 BEARSS AVE Mabry Hwy. 3355 BEARSS AVE **TAMPA, FL 33618** 3. Mailing Address 2. Principal Place of Business 16528 N. Dalz Mabru Hwu Suite, Apt. #, etc. Suite, Apt. #, etc. 01222005 Chq-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For Tampa 27-0061756 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Sanders, Walter SANDERS, WALTER 16528 N. Date Mabry Huy, Street Address (P.O. Box Number is Not Acceptable) TAMPA, FL 33618 16528 N. Dale Mabry Hwy Zip Code Tampa 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. 1 am familiar with, and accept the obligations of registered agent. 20/05 (NOTE, Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE Delete LARKIN, KEVIN NAME NAME 4803 HOYER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition LARKIN, LUCAS NAME NAME STREET ADDRESS 4510 KIPLING CIR STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34241 CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Daytime Phone #