

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91215 041 \*\*\*150.00

<b>DOCUMENT # P03000111789</b> 1. Entity Name <b>LARSON LIGHT TOOLS, INC.</b>					
Principal Place of Business <b>2185 ALICIA STREET FORT MYERS, FL 33901</b>			Mailing Address <b>2185 ALICIA STREET FORT MYERS, FL 33901</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: center; font-weight: bold; margin-bottom: 10px;">00440741</div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>04272004    Chg-P    CR2E034 (10/03)</span> </div> <div style="display: flex; justify-content: space-between;"> <div>             4. FEI Number  <b>20-0336943</b> </div> <div style="border: 1px solid black; padding: 2px;">             Applied For              Not Applicable           </div> </div> <div>             5. Certificate of Status Desired    <input type="checkbox"/>    <b>\$8.75 Additional Fee Required</b> </div>	
6. Name and Address of Current Registered Agent  <b>TROIANO, JOSEPH A ESQ. 2320 FIRST STREET, SUITE 1000 FORT MYERS, FL 33901</b>				7. Name and Address of New Registered Agent Name <b>SNOW, JOHN M.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2950 MCCANN STREET</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33901</b>	
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.  <div style="display: flex; justify-content: space-between;"> <div>             SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  <b>JOHN M. SNOW, PRESIDENT</b> </div> <div>             DATE  <b>4/29/04</b> </div> </div>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP <b>SNOW, JOHN M. 2950 MCCANN STREET FORT MYERS, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST <b>SNOW, JENNIFER A. 2950 MCCANN STREET FORT MYERS, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 reports 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: <b>JOHN M. SNOW, PRES.</b> <b>4/29/04</b> <b>(239) 334-8887</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #</small>					