


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90039 027 ***150.00

DOCUMENT # P03000113508	
1. Entity Name LARRY & COMPANY, INC.	

Principal Place of Business 12 OCEAN AVE. ST. AUGUSTINE, FL 32080	Mailing Address 12 OCEAN AVE. ST. AUGUSTINE, FL 32080
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2. Principal Place of Business 12 OCEAN AVENUE	3. Mailing Address 12 OCEAN AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State ST. AUGUSTINE FL	City & State ST. AUGUSTINE FL
Zip 32084	Country US



01102006 Chg-P CR2E034 (11/05)

4. FEI Number 37-1479009	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent SIMMERSON, JOHNNIE M 12 OCEAN AVE. ST. AUGUSTINE, FL 32080	
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7. Name and Address of New Registered Agent	
Name SIMMERSON JOHNNIE M.	
Street Address (P.O. Box Number is Not Acceptable) 12 OCEAN AVENUE	
City ST. AUGUSTINE	FL Zip Code 32084

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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMERSON, LARRY 12 OCEAN AVE. ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SIMMERSON, JOHNNIE M 12 OCEAN AVE. ST. AUGUSTINE, FL 32080 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIMMERSON, LARRY 12 OCEAN AVENUE ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD SIMMERSON, JOHNNIE M. 12 OCEAN AVENUE ST. AUGUSTINE, FL 32084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: 	JOHNNIE M. SIMMERSON ✓ 1/30/06 ✓ 904 824-2236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone