

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000124289

FILED  
Apr 25, 2009  
Secretary of State

Entity Name: LARSON & SONS FLOOR COMPANY, INC.

**Current Principal Place of Business:**

541 NORTHERN DANCER DRIVE  
CRESTVIEW, FL 32539 US

**New Principal Place of Business:**

**Current Mailing Address:**

541 NORTHERN DANCER DRIVE  
CRESTVIEW, FL 32539 US

**New Mailing Address:**

FEI Number: 27-0050259      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

LARSON, CLIFFORD F  
541 NORTHERN DANCER DRIVE  
CRESTVIEW, FL 32539 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LARSON, CLIFFORD F  
Address: 541 NORTHERN DANCER DRIVE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: VP ( ) Delete  
Name: CAMPBELL, WILL J  
Address: 5589 CHANTERELLE CIRCLE  
City-St-Zip: MILTON, FL 32583 US

Title: SEC ( ) Delete  
Name: LARSON, ADDISON F  
Address: 541 NORTHERN DANCER DRIVE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP (X) Change ( ) Addition  
Name: LARSON, ADDISON F  
Address: 209 BRITTANY LANE  
City-St-Zip: CRESTVIEW, FL 32536 US

Title: VP2 (X) Change ( ) Addition  
Name: LARSON, NELSON P  
Address: 541 NORTHERN DANCER DRIVE  
City-St-Zip: CRESTVIEW, FL 32539 US

Title: SEC ( ) Change (X) Addition  
Name: LARSON, ALYSSABETH  
Address: 209 BRITTANY LANE  
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CLIFFORD LARSON

PRES

04/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date