2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2007
Secretary of State

DOCUMENT# P03000156259

Entity Name: GIL LARSON CUSTOM CRAFTED CABINETS INC.

Current Principal Place of Business:

5051 18TH AVE N
ST PETERSBURG, FL 33710

New Principal Place of Business:

5250 95TH ST
N SEMINOLE, FL 33708

Current Mailing Address:

5051 18TH AVE N
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 20-0517185 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LARSON, VIJA
5051 18TH AVE. N.
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

ALL FLORIDA FIRM INC
465 S VOLUSIA AVE
SUITE C
ORANGE CITY, FL 32763 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: JAMISON MARK JESSUP SR 02/15/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete
Name: LARSON, GIL A
Address: 5051 18TH AVE N
City-St-Zip: ST PETERSBURG, FL 33710

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LARSON, GIL A
Address: 5051 18TH AVE N
City-St-Zip: ST PETERSBURG, FL 33710

I hereby certify that the information supplied with this filing does not qualify for the 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: GIL A LARSON P 02/15/2007
Electronic Signature of Signing Officer or Director Date