

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000011767

FILED
Feb 25, 2007
Secretary of State

Entity Name: LARRY'S APPLIANCE REPAIR, INC.

Current Principal Place of Business:

P.O. BOX 60
CRYSTAL RIVER, FL 34423

New Principal Place of Business:

5711 W. HUNTERS RIDGE CIR
LECANTO, FL 34461

Current Mailing Address:

P.O. BOX 60
CRYSTAL RIVER, FL 34423

New Mailing Address:

FEI Number: 20-0630811 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, NOEL
5711 WEST HUNTERS RIDGE CIRCLE
LECANTO, FL 34461 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: PD () Delete
Name: JOHNSON, LARRY
Address: P.O. BOX 60
City-St-Zip: CRYSTAL RIVER, FL 34423

Title: STD () Delete
Name: JOHNSON, NOEL
Address: P.O. BOX 60
City-St-Zip: CRYSTAL RIVER, FL 34423

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: NOEL JOHNSON

STD

02/25/2007

Electronic Signature of Signing Officer or Director

Date