

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 12, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000139120

1. Entity Name
LARRED, INC.



Principal Place of Business

1455 BANYAN CIRCLE
POMPANO BEACH, FL 33069-4975

Mailing Address

1455 BANYAN CIRCLE
POMPANO BEACH, FL 33069-4975



05072008 No Chg-P CR2E034 (11/05)

4. FEI Number

01-0821749

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LARRED, RITA M
1455 BANYAN CIRCLE
POMPANO BEACH, FL 33069-4975

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

000000951412
06/04/08-80032-017 150.00

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
LARRED, RITA M
1455 BANYAN CIRCLE
POMPANO BEACH, FL 330694975

TITLE
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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5-7-08