

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 20, 2006 8:00 am
Secretary of State

06-20-2006 90013 009 ***150.00

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1. Entity Name

LARSON INVESTMENT, INC.

Principal Place of Business

1450 ~~CASE~~ RIO DR.
ORLANDO FL 32825

CASA

Mailing Address

1450 ~~CASE~~ RIO DR.
ORLANDO FL 32825

CASA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

20-2569402

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, ROBERT J

1450 ~~CASE~~ RIO DR.
ORLANDO FL 32825

CASA

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reconstituting)

DATE

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Delete
NAME LARSON, ROBERT J
STREET ADDRESS 1450 CASA RIO DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VPTD ☐ Delete
NAME LARSON, CONNIE A
STREET ADDRESS 1450 CASA RIO DR
CITY-ST-ZIP ORLANDO FL 32825

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

6/14/06

Date

Daytime Phone #

ATTACHMENT

1177 LOUISIANA AVE., SUITE 101
WINTER PARK, FL 32789

KATHRYN V. ROSS
Certified Public Accountant

(407) 645-3257
FAX (407) 645-3734

40096291
P04800144836

June 15, 2006

Division of Corporations
Annual Report Section
P.O. Box 6850
Tallahassee, FL 32314

Re: Larson Investment, Inc

Dear Customer Service,

Enclosed please find the annual fee of \$150.00 for our client, Larson Investment, Inc. We are requesting that you waive the \$400.00 penalty due to the fact that the shareholder, Robert J Larson was seriously ill and hospitalized during the period when the payment was due. He has finally recovered from his illness and was sorting through the company paperwork and found that he had failed to mail this in during the period he was experiencing medical problems.

Please let us know if you have any questions. Thank you for your assistance in this matter.

Sincerely,

Kathryn V. Ross, CPA
Kathryn V. Ross, CPA