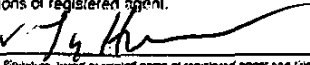


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 01, 2005 8:00 am
Secretary of State

03-01-2005 90080 028 ***150.00

DOCUMENT # P04000150275			
1. Entity Name LARRY'S A/C INC			
Principal Place of Business 18304 SWANN LAKE DR LUTZ, FL 33549 US		Mailing Address 18304 SWANN LAKE DR LUTZ, FL 33549 US	
2. Principal Place of Business 1518 TUGWELL ST SE		3. Mailing Address 1518 TUGWELL ST SE	
Suite, Apt. #, etc. Palm Bay		Suite, Apt. #, etc. Palm Bay	
City & State FLORIDA		City & State FLORIDA	
Zip 32909	Country USA	Zip 32909	Country USA
4. FEI Number		Chg-P CR2E034 (10/03)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
5. Name and Address of Current Registered Agent ENCARNACION, DARWIN 18304 SWANN LAKE DR LUTZ, FL 33549		7. Name and Address of New Registered Agent Name LARRY HOFFMAN Street Address (P.O. Box Number is Not Acceptable) 1518 TUGWELL ST SE Palm Bay City FL Zip Code 32909	
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 date it applies (b)(3)(C); Registered Agent signature required when (b)(3)(A) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP	P ENCARNACION, DARWIN 18304 SWANN LAKE DR LUTZ, FL 33549 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HOFFMAN, LARRY 1518 TUGWELL STREET SE PALM BAY, FL 32909 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. HOFFMAN, LARRY 1518 TUGWELL ST SE Palm Bay, FL 32909 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(I), 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		PRES. 2-22-05 Date Anytime Phone #	