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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	Mailing Address
~~18304 SWANN LAKE DR~~ ~~LUTZ, FL 33549~~ US	18304 SWANN LAKE DR LUTZ, FL 33549 US

2. Principal Place of Business	3. Mailing Address
1518 Tugwell St. SE	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

02222005 Chg-P CR2E034 (10/03)

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. 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 HUFFMAN
Street Address (P.O. Box Number is Not Acceptable): 1518 Tugwell St SE
City: Palm Bay **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: ✓ _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

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	☐ Change ☐ Addition	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HUFFMAN, LARRY 1518 TUGWELL STREET SE PALM BAY, FL 32909	☐ Delete	PRES. HUFFMAN, LARRY 1518 Tugwell St SE Palm Bay, FL 32909	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	☐ 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: ✓ _____ PRES. 2-22-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #