

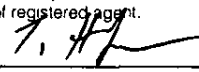
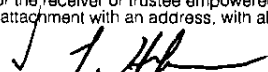


**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000150275</b>		<b>Secretary of State</b>	
1. Entity Name <b>LARRY'S A/C INC</b>			
Principal Place of Business <b>1578 TUGWELL ST SE PALM BAY, FL 32909 US</b>		Mailing Address <b>1578 TUGWELL ST SE PALM BAY, FL 32909 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
		02062008 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>73-1728390</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HUFFMAN, LARRY 1518 TUGWELL ST SE PALM BAY, FL 32909</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
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  _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing - Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>05/14/08-80071-012 150.00</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP		P HUFFMAN, LARRY 1518 TUGWELL STREET SE PALM BAY, FL 32909	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		VP ENCARNACION, DARWIN A 18304 SWAN LAKE DR LUTZ, FL 33549	
TITLE NAME STREET ADDRESS CITY- ST- ZIP			
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TITLE 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 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: 		Date <b>4-21-08</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	