

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000076278

Entity Name: ST LARRY'S RESTAURANT, INC.

FILED
Jan 14, 2008
Secretary of State

Current Principal Place of Business:

34980 US 19 N
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3605 ALT 19 N.
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 20-2918780 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AIM FINANCIAL COMPANIES INC.
3605 ALT 19 N.
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVP () Delete
Name: KLIMCZAK, STACEY M.
Address: 3605 ALT 19 N.
City-St-Zip: PALM HARBOR, FL 34683

Title: V () Delete
Name: SCHREMS, WILLIAM
Address: 3605 ALT 19 N.
City-St-Zip: PALM HARBOR, FL 34683

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVPS (X) Change () Addition
Name: KLIMCZAK, STACEY M.
Address: 3605 ALT 19 N.
City-St-Zip: PALM HARBOR, FL 34683

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PDT () Change (X) Addition
Name: CHAPMAN, JAMES
Address: 3605 ALT 19 N.
City-St-Zip: PALM HARBOR, FL 34683

Title: CD () Change (X) Addition
Name: KLIMCZAK, PAUL J RETIRED
Address: 3605 ALT 19 N.
City-St-Zip: PALM HARBOR, FL 34683

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STACEY M KLIMCZAK

VP

01/14/2008

Electronic Signature of Signing Officer or Director

_____ Date