## 2010 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000153978

Entity Name: LARSEN INSURANCE ASSOCIATES, INC.

Apr 22, 2010 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

3621 COLD CREEK DRIVE 12945 GRAND TRAVERSE DRIVE VALRICO, FL 33594

DADE CITY, FL 33525

**Current Mailing Address: New Mailing Address:** 

3621 COLD CREEK DRIVE 12945 GRAND TRAVERSE DRIVE

DADE CITY, FL 33525 VALRICO, FL 33594

FEI Number: 86-1151555 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LARSEN, MARK LARSEN, MARK 3621 COLD CREEK DRIVE 12945 GRAND TRAVERSE DRIVE VALRICO, FL 33594 DADE CITY, FL 33525

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: 04/22/2010

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title:

LARSEN, MARK Name:

12945 GRAND TRAVERSE DRIVE Address:

City-St-Zip: DADE CITY, FL 33525

I hereby 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 all other like empowered.

SIGNATURE: MARK LARSEN DP 04/22/2010