

# **2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000109649

**FILED**  
**Sep 16, 2009**  
**Secretary of State**

**Entity Name:** A. LARSSON & SONS CONSTRUCTION, INC.

**Current Principal Place of Business:**

202 SWEETWATER CLUB BLVD  
LONGWOOD, FL 32779

**New Principal Place of Business:**

313 E. ORANGE STREET  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

202 SWEETWATER CLUB BLVD  
LONGWOOD, FL 32779

**New Mailing Address:**

313 E. ORANGE STREET  
ALTAMONTE SPRINGS, FL 32701

**FEI Number:** 20-5419801

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ENGLEHARDT, JOHN C  
1524 E. LIVINGSTON ST.  
ORLANDO, FL 32803 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LARSSON, AUGUST G  
Address: 202 SWEETWATER CLUB BLVD  
City-St-Zip: LONGWOOD, FL 32779

Title: S/T ( ) Delete  
Name: LARSSON-PORTER, AMY  
Address: 313 E. ORANGE ST.  
City-St-Zip: ALTAMONTE SPRINGS,, FL 32701

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: VP ( ) Change (X) Addition  
Name: LARSSON, BRIAN J  
Address: 237 LOCH LOW DR.  
City-St-Zip: SANFORD, FL 32773

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:** AMY LARSSON-PORTER

S/T

09/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date