2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000047837

Entity Name: LARREMORE ENTERPRISES OF N.W. FLORIDA, INC.

FILED Feb 06, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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1113 45TH ST. 8259 NAVARRE PARKWAY NICEVILLE, FL 32578 NAVARRE, FL 32566

Current Mailing Address: New Mailing Address:

 1113 45TH ST.
 1020 SOUTH FERDON BLVD.

 NICEVILLE, FL 32578
 CRESTVIEW, FL 32536

FEI Number: 26-2608078 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:

HELMICH, KEVIN M.
4481 LEGENDARY DR., STE. 200
DESTIN, FL 32541 US

WELTON & WILLIAMSON, LLC
1020 SOUTH FERDON BLVD.
CRESTVIEW, FL 32536 US

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: MARK WELTON 02/06/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P/D (X) Change () Addition Name: LARREMORE, BENJAMIN A. Name: LARREMORE, BENJAMIN A.

 Address:
 1113 45TH ST.
 Address:
 1113 45TH ST.

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

 Title:
 D
 () Delete
 Title:
 D
 (X) Change () Addition

 Name:
 LARREMORE, BARBARA A.
 Name:
 LARREMORE, BARBARA A

Address: 1406 BAYSHORE DR. Address: 1406 BAYSHORE DR. City-St-Zip: NICEVILLE, FL 32578 NICEVILLE, FL 32578

Title: D () Delete Title: () Change () Addition

 Name:
 LARREMORE, KARLA L.
 Name:

 Address:
 1113 45TH ST.
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 PINEIRO, CARLOS B.
 Name:

 Address:
 402 BAYWOOD DR.
 Address:

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf VP/D} \qquad ({\sf X}) \, {\sf Change} \ (\) \, {\sf Addition}$

 Name:
 LARREMORE, DAVID L.
 Name:
 LARREMORE, DAVID L.

 Address:
 1406 BAYSHORE DR.
 Address:
 1406 BAYSHORE DR.

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

Title: D () Delete Title: S/T (X) Change () Addition

 Name:
 PINEIRO, LISSETTE
 Name:
 PINEIRO, LISSETTE

 Address:
 402 BAYWOOD DR.
 Address:
 402 BAYWOOD DR.

 City-St-Zip:
 NICEVILLE, FL 32578
 City-St-Zip:
 NICEVILLE, FL 32578

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: BEN LARREMORE P 02/06/2009