

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000053549

FILED  
Apr 19, 2010  
Secretary of State

**Entity Name:** CONTAMINATION AND MOLD SPECIALISTS, INC.

**Current Principal Place of Business:**

10416 BIRCH TREE LANE  
WINDERMERE, FL 34786 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 982  
GOTHA, FL 34734 US

**New Mailing Address:**

**FEI Number:** 27-0402140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LARSON, BRIAN L  
10416 BIRCH TREE LANE  
WINDERMERE, FL 34786 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: P  
Name: LARSON, BRIAN L  
Address: 10416 BIRCH TREE LANE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: VP  
Name: LARSON, BRIAN L  
Address: 10416 BIRCH TREE LANE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: SEC  
Name: LARSON, BRIAN L  
Address: 10416 BIRCH TREE LANE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: TRES  
Name: LARSON, BRIAN L  
Address: 10416 BIRCH TREE LANE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: DIR  
Name: LARSON, BRIAN L  
Address: 10416 BIRCH TREE LANE  
City-St-Zip: WINDERMERE, FL 34786 US

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:** BRIAN L LARSON

P

04/19/2010

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

\_\_\_\_\_  
Date