

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2004 8:00 am
Secretary of State

02-26-2004 90002 019 ***150.00

DOCUMENT # P12005

1. Entity Name

LARRY BAUER AND ASSOCIATES, INC.



Principal Place of Business

PO BOX 3478
TUPELO MS 38803-0478

Mailing Address

PO BOX 3478
TUPELO MS 38803-0478

54011833



MOORE CR2E034 (11/03)

2. Principal Place of Business

P.O. Box 1749

3. Mailing Address

P.O. Box 1749

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Dundee FL

City & State

Dundee FL

Zip

33838

Country

Polk

Zip

33838

Country

Polk

4. FEI Number

62-0946074

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MOSER, R GARY DDS
5625 LAKELAND HIGHLANDS RD
LAKELAND FL 33813

Received

7. Name and Address of New Registered Agent

Name Barbara J. Mancini

Street Address (P.O. Box Number is Not Acceptable)

5 Lele Court

City

Haines City

FL

Zip Code

33844

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME BAUER, LARRY E.
STREET ADDRESS 1009 LAWNDALE
CITY-ST-ZIP TUPELO MS

TITLE VD ☐ Delete
NAME BAUER, ALAN E.
STREET ADDRESS 12 CARDINAL LANE
CITY-ST-ZIP STATEN ISLAND NY 10306

TITLE ~~STD~~ ☐ Delete
NAME BAUER, MICHAEL W.
STREET ADDRESS 195 OAK GROVE DR
CITY-ST-ZIP BYHALIA MS 38611

TITLE ~~Tree - Director~~ ☐ Delete
NAME Barbara J. Mancini
STREET ADDRESS 5 Lele Court
CITY-ST-ZIP Haines City FL 33844

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5 Lele Court
CITY-ST-ZIP Dundee FL 33844

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~Sec Dir only~~ ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ~~Tree Dir~~ ☐ Change ☒ Addition
NAME Barbara J. Mancini
STREET ADDRESS 5 Lele Court
CITY-ST-ZIP Haines City FL 33844

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature] Pres. Larry E. Bauer 2/6/04 225-252-3771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #