ANNUAL REPORT (AR)

2008 FOR PROFIT CORPORATION DOCUMENT # P12005 1. Entity Name LARRY BAUER AND ASSOCIATES, INC.



			1	O WE TEN					
Principal Plac	e of Business	Mailing Address							
30924 DUNN RD DENHAM SPRINGS LA 70726 US		7575 JEFFERSON HWY #206 BATON ROUGE LA 70806 US							
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt. #. etc.		Suite, Apt. #, etc.			1st MOORE CR2E034 (10/07)				
City & State		City & State			4. FEI Numb	FEI Number 62-0946074 Applied For Not Applicable			
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agen			1		7. Name and	Address of New Reg	istered Ag	ent	
				Name					
151	IUMUTS, CHARLES R MR. 5 KING AVE ELAND FL 33803	St		Street Address (P.O. Box Number is Not Acceptable)					
			City				FL	Zip Cod	е
0 The character		-1	1						
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	s registerea attici	e or register	red agent, or bo	in, in the State of Florid	da. Lamifai	miliar with,	and accept
SIGNATURE.	Signature, typod or primed harvid of registered rident	and the Tampicacio. (NOT	E Registered Agont di	groture required	o when reinstating)		DATE		
FILE NOW!!!-FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Campaig Trust Fund Contri			00 May Be ed to Fees
10.	OFFICERS AND	i daliman	11.		ADDITIONS	CHANGES TO OFFIC	ERS AND F	NRECTOR	S IN 11
TITLE	PTD	☐ Delete	TITLE	1	700110140	TOTAL TO OTTO			
NAME	BAUER, LARRY E	LJ Deicie	NAME				t	Change	☐ Addition
			STREET ADORE						
STREET ADDRESS CITY-ST-ZIP	7575 JEFFERSON HWY #206 BATON ROUGE LA 70806		CITY-ST-ZIP	>>					
									<u></u>
TITLE	VD	☐ Deiele	TITLE				ŧ	Change	☐ Addition
NAME	BAUER, ALAN E		NAME]					
	104 HEATHER DR		STREET ADDRE	38					
CITY-ST-ZIP	OAKLYN NJ 08107		CITY-ST-ZIF						
TITLE	SD	☐ Derete	THLE				1	Change	Addition
NAME	BAUER, MICHAEL W.		NAME 	_					
	195 OAK GROVE DR		STREET ADDRES	SS					
CITY-ST-ZIP	BYHALIA MS 38611		CITY-ST-ZIP						
TITLE	Т	☐ Deiete	TITLE		_		1	Change	Addition
NAME	MONCINI, BARBARA J		NAME	MAA	VCINI	Burbara J			
STREET ADDRESS	30924 DUNN RD		STREET ADDRE	ss –					j
CITY-ST-ZIP	DENHAM SPRINGS LA 70726		CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	Addition
HAME			NAME						
STREET ADDRESS			STREET ADDRE	ss					
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Deiete	πιε				. i	☐ Change	Addition
NAME		<u> </u>	NAME					3-	
STREET ADDRESS			STREET ADDRE	ss					}
SITY-ST-ZIP			CITY-ST-ZIP						Ì
12 I harobu	certify that the information currelied wi	th this filing does not avalify	for the everystic	ne contains	ad in Section 11	O Florida Statutan I fo	sthar aartif	v that that	alarmetian

recept certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119, 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:

hy ES CHE SIGNAY UP AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

225-252-3771

Daysme Phone #