


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000005575 1. Entity Name LARSEN BUILDERS, CORP.	
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Principal Place of Business 500 NE 4TH AVE BOCA RATON, FL 33432	Mailing Address 500 NE 4TH AVE BOCA RATON, FL 33432
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DO NOT WRITE IN THIS SPACE



03222005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0382739	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HOPKINS, JOHN O ESQ 185 NW SPANISH RIVER BLVD. SUITE 110 BOCA RATON, FL 33431

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSEN, PETER 500 NE 4TH AVE BOCA RATON, FL 33432
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LARSEN, THERESA 500 NE 4TH AVE BOCA RATON, FL 33432
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<p>U00000353468 05/03/05-80068-019 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  **3-31-05 5617502714**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #