


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 20, 2006 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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06012006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0382739	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U000000567412
06/20/06-80001-008 150.00

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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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  (PETER LARSEN)

16-15 561-7527714
Date Daytime Phone #