

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2005 8:00 am
Secretary of State

03-31-2005 90058 032 ***150.00

DOCUMENT # P93000014787					
1. Entity Name L.A.R.M., INC.					
Principal Place of Business 4 DEVIN CT PALM COAST, FL 32137 - US			Mailing Address 4 DEVIN CT PALM COAST, FL 32137 - US		
2. Principal Place of Business 130 PALM COAST PKWY #278 PALM COAST, FL			3. Mailing Address Same		
City & State City: PALM COAST, State: FL			City & State City: PALM COAST, State: FL		
Zip 32137		Country USA		4. FEI Number 59-3161521	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FORREST, WILLIAM G 4 DEVIN CT PALM COAST, FL 32137			7. Name and Address of New Registered Agent Name: FORREST, WILLIAM G Street Address (P.O. Box Number is Not Acceptable): 130 PALM COAST PKWY, #278 City: PALM COAST, State: FL, Zip Code: 32137		
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: <u>William G. Forrest</u> DATE: <u>3/28/05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS					
TITLE: PD NAME: FORREST, WILLIAM G STREET ADDRESS: 4 DEVIN COURT CITY-ST-ZIP: PALM COAST, FL 32137	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
new address <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 130 PALM COAST PKWY #278 PALM COAST, FL 32137					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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: <u>William G. Forrest</u> DATE: <u>3/28/05</u> DAYTIME PHONE: <u>(386) 931-0489</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					