


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2007 8:00 am**  
**Secretary of State**

05-01-2007 90003 034 \*\*\*150.00

<b>DOCUMENT # P93000014787</b>		
1. Entity Name L.A.R.M., INC.		

Principal Place of Business 130 PALM COAST PKWY. #278 PALM COAST, FL 32137 US	Mailing Address 130 PALM COAST PKWY. #278 PALM COAST, FL 32137 US
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2. Principal Place of Business - No P.O. Box # 2506 SE HEMSING ST	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State PORT ST LUCY, FL	City & State
Zip 34984	Country USA

6. Name and Address of Current Registered Agent FORREST, WILLIAM G 130 PALM COAST PKWY. #278 PALM COAST, FL 32137	
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7. Name and Address of New Registered Agent Name: WILLIAM G FORREST Street Address (P.O. Box Number is Not Acceptable): 2506 SE HEMSING ST City: PORT ST LUCY, FL Zip Code: 34984	
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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: Pamela Hunt CPA, AS AGENT Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		DATE: 4/30/07
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORREST, WILLIAM G 130 PALM COAST OKWY #278 PALM COAST, FL 32137 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WILLIAM G FORREST 2506 SE HEMSING ST PORT SAINT LUCY, FL 34984 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Pamela Hunt CPA, AS AGENT SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: 4/27/07 DAYTIME PHONE: 702-306-6887