


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 02, 2004 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # P94000018717 1. Entity Name LARSON DIRECTORIES, INC. |  |
|---|---|

| | |
|--|--|
| Principal Place of Business 1404-B CAPE CORAL PARKWAY SOUTHEAST CAPE CORAL, FL 33904 | Mailing Address 1404-B CAPE CORAL PARKWAY SOUTHEAST CAPE CORAL, FL 33904 |
|--|--|

DO NOT WRITE IN THIS SPACE



07302004 No Chg-P CR2E034 (10/03)

| | |
|----------------------------------|--|
| 4. FEI Number 65-0474610 | Applied For Not Applicable |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

LARSON, RONALD R
440 LIGHTHOUSE WAY
SANIBEL, FL 33957

**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 Due by September 8, 2004 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|---|---|--|

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P LARSON, RONALD R 1404-B CAPE CORAL PARKWAY SOUTHEAST CAPE CORAL, FL 33904 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V LARSON, SALLIE J 1404 B CAPE CORAL PKWY SE CAPE CORAL, FL 33904 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | |

000000169155
08/02/04-80012-019 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: Sallie Larson 7/30/04 2395491119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #