

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000036979

1. Entity Name
LARRY B. RASH FINANCIAL SERVICES, INC.



Principal Place of Business _____
2180 PARK AVENUE NORTH
SUITE #322
WINTER PARK, FL 32789 US

Mailing Address
2180 PARK AVENUE NORTH
SUITE #322
WINTER PARK, FL 32789 US

**FILED
Apr 20, 2005 08:00 AM
Secretary of State**



DO NOT WRITE IN THIS SPACE

02152005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3245610	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

RASH, LARRY B
2180 PARK AVE N. STE 322
WINTER PARK, FL 32789

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS RASH, LARRY B 2180 PARK AVENUE NORTH SUITE #322 WINTER PARK, FL 32789
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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)(l), 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: Harry B. Rash, Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05 407-599-9485
Date Daytime Phone #

Larry B. Rash, Pres.