

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000060532

Entity Name: LARRY JOE COLSON, INC.

FILED  
Apr 21, 2009  
Secretary of State

## Current Principal Place of Business:

LARRY JOE COLSON, INC  
387 HWY 98  
EASTPOINT, FL 32328 US

## New Principal Place of Business:

## Current Mailing Address:

LARRY JOE COLSON, INC.  
323 BAY CITY RD.  
APALACHICOLA, FL 32320 US

## New Mailing Address:

FEI Number: 59-3272410      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLSON, LARRY JOE  
323 BAY CITY ROAD  
APALACHICOLA, FL 32320 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: COLSON, LARRY J SR.  
Address: 323 BAY CITY RD.  
City-St-Zip: APALACHICOLA, FL 32320 US

Title: STD ( ) Delete  
Name: COLSON, SUSAN G  
Address: 323 BAY CITY RD.  
City-St-Zip: APALACHICOLA, FL 32320 US

Title: S ( ) Delete  
Name: EVANS, CARL ERIC  
Address: 387 HWY 98  
City-St-Zip: EASTPOINT, FL 32320

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: EVANS, CARL ERIC  
Address: 387 HWY 98  
City-St-Zip: EASTPOINT, FL 32328

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY JOE COLSON

P

04/21/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date