


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 8:00 am.
Secretary of State

05-26-2006 90015 050 ***150.00

DOCUMENT # P96000001515 1. Entity Name G.R. LARSON, INC.					
Principal Place of Business 4144 NW 67 TER CORAL SPRINGS, FL 33067			Mailing Address 4144 NW 67 TER CORAL SPRINGS, FL 33067		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LARSON, GREG R 4144 NW 67TH TER CORAL SPRING, FL 33067			Name G R LARSON Street Address (P.O. Box Number is Not Acceptable) 9275 PERTH RD City LAKE WORTH FL Zip Code 33467		
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><i>G.R. Larson</i></u> 5/3/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD LARSON, GREG R <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LARSON, GREG R		NAME		
STREET ADDRESS	4144 NW 67TH TER		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS, FL 33067		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u><i>G.R. Larson</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			5-3-06 561-434-0739 <small>Date Daytime Phone #</small>		

50019779



05042006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0634542 Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LARSON, GREG R
4144 NW 67TH TER
CORAL SPRING, FL 33067

Name
G R LARSON
Street Address (P.O. Box Number is Not Acceptable)
9275 PERTH RD
City
LAKE WORTH **FL** Zip Code
33467

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SIGNATURE: *G.R. Larson* 5/3/06
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 6, 2006**

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Trust Fund Contribution. ☐ **\$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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #