

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90027 005 ***150.00

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1. Entity Name

LARSEN'S TRUCK INC.



Principal Place of Business

4784 CATTAIL ST.
MIDDLEBURG FL 32068

Mailing Address

P.O. BOX 1403
MIDDLEBURG FL 32050-1403
US



2. Principal Place of Business - No P.O. Box #

2395 Indigo Ave

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1403

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

Middleburg Fla
Zip 32068 Country USA

City & State

Middleburg Fla
Zip 32050 Country USA

4. FEI Number

59-3353670

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, DEBORAH E
4784 CATTAIL ST
MIDDLEBURG FL 32068

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 not starting)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☒ Delete
NAME LARSEN, DEBORAH
STREET ADDRESS 4784 CATTAIL ST
CITY-ST-ZIP MIDDLEBURG FL 32050

TITLE VP ☐ Delete
NAME LARSEN, STEVEN
STREET ADDRESS 4784 CATTAIL ST
CITY-ST-ZIP MIDDLEBURG FL 32050

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Change ☐ Addition
NAME LARSEN, STEVEN
STREET ADDRESS 2395 Indigo St
CITY-ST-ZIP Middleburg, Fla. 32068

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 an officer like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #