


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90043 034 ***150.00

DOCUMENT # P97000073388	
1. Entity Name LARRY MONACO HOMES, INC.	

Principal Place of Business 2051 OLD TRENTON LN. SARASOTA FL 34232	Mailing Address 4411 BEE RIDGE RD, SUITE 447 SARASOTA FL 34233
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2. Principal Place of Business 4411 Bee Ridge Rd #447	3. Mailing Address Suite, Apt. #, etc. #447
City & State Sarasota FL	City & State Sarasota FL
Zip 34233	Country SARASOTA



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent SMALLEY, TAMERA 2051 OLD TRENTON LN. SARASOTA FL 34232	
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7. Name and Address of New Registered Agent Name 5373 Anthony Lane Street Address (P.O. Box Number is Not Acceptable) Sarasota FL 34233 City Sarasota FL Zip Code 34233	
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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 Tamera Smalley Signature, typed or printed name of registered agent and title if applicable.	DATE 2/25/04 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MONACO, LAWRENCE 4411 BEE RIDGE RD, SUITE 447 SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SMALLEY, TAMMY 4411 BEE RIDGE RD, SUITE 447 SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MONACO, GAIL A 4411 BEE RIDGE RD, SUITE 447 SARASOTA FL 34233 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Tamera Smalley SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2/25/04 Daytime Phone # 941-924-9004