# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 26, 2004 08:00 AM**
**Secretary of State**

DOCUMENT # P97000102488

1. Entity Name
LARSEN, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 6739 TAMARIND CIRCLE<br>ORLANDO, FL 32819 US | 6739 TAMARIND CIRCLE<br>ORLANDO, FL 32819 US |

04192004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number
59-3479956
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LARSEN, FRITZ GERALD
6739 TAMARIND CIR
ORLANDO, FL 32819

**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, the position of registered agent.

SIGNATURE: FRITZ GERALD LARSEN 4-21-04
(If changing Registered Agent, this must be signed by the new agent) (If changing Registered Agent, may be signed by former agent) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | LARSEN, FRITZ GERALD |
| STREET ADDRESS | 6739 TAMARIND CIR |
| CITY-ST-ZIP | ORLANDO, FL 32819 |
| TITLE | VP |
| NAME | LARSEN, MICHELINE |
| STREET ADDRESS | 6739 TAMARIND CIR |
| CITY-ST-ZIP | ORLANDO, FL 32819 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000128968
04/26/04-80059-025 150.00

**DO NOT WRITE 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)(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:** FRITZ GERALD LARSEN 4-21-04 407-234-3733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #