


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000108305 1. Entity Name LARSON LEASES, INC.	
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Principal Place of Business 6073 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747	Mailing Address 6073 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747
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DO NOT WRITE IN THIS SPACE



01312005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3485716	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PRATT, JAMES R
369 NORTH NEW YORK AVE., 3RD FLOOR
WINTER PARK, FL 32789**

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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 registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, GARY 6073 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSON, RANDALL K 6073 W. IRLO BRONSON MEMORIAL HWY. KISSIMMEE, FL 34747
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06/16/05-80002-009 550.00

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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: X *Kenny Larson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/13/05 407-396-2626
Date Daytime Phone