

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2006 8:00 am
Secretary of State

01-18-2006 90022 023 ***150.00

DOCUMENT # P97000108334

1. Entity Name
LARSON MANAGEMENT, INC.



Principal Place of Business
**6073 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE, FL 34747**

Mailing Address
**4345 N. STAFFORD COURT
PROVO, UT 84604**

60003096



2. Principal Place of Business
2343 CLAY STREET
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

01122006 Chg-P CR2E034 (11/05)

City & State
KISSIMMEE, FL
Zip
34741
Country
OSCEOLA

City & State
Zip
Country

4. FEI Number
59-3485714
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

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

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **LARSON, GARY**
STREET ADDRESS **6073 W. IRLO BRONSON MEMORIAL HWY.**
CITY - ST - ZIP **KISSIMMEE, FL 34747**

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

TITLE **D** ☐ Delete
NAME **LARSON, RANDALL K**
STREET ADDRESS **6073 W. IRLO BRONSON MEMORIAL HWY.**
CITY - ST - ZIP **KISSIMMEE, FL 34747**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 12, 2006 **81**
Date Daytime Phone # **358-5857**