2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000108334

Entity Name: LARSON MANAGEMENT, INC.

FILED Mar 24, 2009 Secretary of State

Littly Na	IIIE. LARGON	I WANAGEWENT, INC.			
Current Principal Place of Business:			New Principal Place	e of Business:	
	HICKORY TR OUD, FL 347				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4345 N. S ⁻ PROVO, L	TAFFORD CC JT 84604	URT			
FEI Number	: 59-3485714	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
		KAVE., 3RD FLOOR 89 US			
	named entity e of Florida.	submits this statement for the	purpose of changing its register	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D (LARSON, GAR 4345 NORTH : PROVO, UT 8	STAFFORD CT	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	LARSON, RAN	KORY TREE ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY LARSON D 03/24/2009