## FILED May 02, 2006 8:00 am Secretary of State 05-02-2006 90148 041 \*\*\*150.00

## 2006 FOR PROFIT CORPORATION

ANNUAL REPORT					03-02-2000 3	0146 041	130	7.00
DOCUMENT # P98000010564  1. Entity Name LARKIN BUILDERS, INC.				) Au	V(140-			
6: 18:		NA-10 A-0-1		\lnot .				
Principal Place of Business Mailing Address				]				
21043 BACHMANN BLVD. PO BOX 494976								
PORT CHARLOTTE, FL 33954 PORT CHARLOTTE, FL 33949			33949	-				
				( SEMINE) AS	1978 I 1978 <b>Chi</b> ri Washi <b>Chi</b> r	i <b>Para</b> i sian <b>Jiwa</b>	CRIS CON ROLL	ANISO DE BUEN
		Y =						
2. Principal Place of Business 3. Mailing Address				1 120,468, 171			IM IM K	
1, 0, 60 Aq4 9 16 Suite, Apt. #, etc.				_				
Sulle, Apt.	#, etc.	Suite, Apt. #, etc.		04172006	Chg-P	CR2E034	1 (11/05)	
City & Stat	9	City & State		4. FEI Numbe			IAn	plied For
PORT CHARLOTTE, FR		City of Glade		65-0822			<del></del>	t Applicable
Zip	Country	Zip	Country	_ <del> </del>	·		8.75 Add	
32	949 JS	L.P	Country	5. Certificate	of Status Desired		e Require	
	6. Name and Address of Current F	Pagistered Appert		7 Name and	Address of New R		<u> </u>	
	C. Halle 210 Addies of Collett	Auguster and Adents	Name	7. 148110 6110	MOUTOSS OF INEW IN	ediamento ve	10114	
HOLMES,	DAVID A							{
99 NESBI			Street Address	s (P.O. Box Numbe	r is Not Acceptable	)		
	ORDA, FL 33950		<u> </u>					
								1
			City				Zip Code	
			City			FL	Zip Cou	"
8. The above	named entity submits this statement for	the purpose of changing its	registered office or regis	tered agent, or bot	n, in the State of Flo	rida. Lam la	miliar with.	and accept
the obligat	tions of registered agent.		•					· (
SIGNATURE.	Signature, typed or printed name of registered agent a	Add V - Factor All Comments				DATE		
	Signature, typest or printed name of registered agent a	ind the r applicable (NOTE	: Registered Agont signature requ	Irod when rainstating)		1,141E		}
		9. Election Campaig	Financina 💮 🗭					1
Fil	E NOWID FEE IS \$150,00	1 ' '		5.00 May Be dided to Fees				
Arter m	ay 1, 2006 Fee will be \$550.0	NO TOOL TO NOT CONTE						
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/	CHANGES TO OFF	ICERS AND D	DIRECTORS	5 IN 11
IME	PSD	☐ Delete	TITLE				Change	Addition
NAME	LARKIN, MARTIN D	C Dumi	NAME					1
STREET ADDRESS	22237 DEBORAH AVENUE		STREET ADDRESS					ŀ
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP					
TITLE	VID	□ Poleto	TITLE	<del></del>			Change	Addition
NAME	LARKIN, STEVEN G	☐ Delete	NAME			ı	_i wange	
STREET ADDRESS	22187 DEBORAH AVENUE		STREET ADORESS					1
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954		CITY-ST-ZIP					i
<u> </u>	PORT CHARLOTTE, FL 33954			<del></del>				
TITLE	1	Delete	TITLE			t	Change	Addition
NAME			NAME					1
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CITY-ST-ZIP	İ		CITY-ST-ZIP					ì
			TITLE		<del></del>		Change	☐ Addition
TITLE		☐ Delete	NAME				salanyo	
NAME								
STREET ADDRESS	1		STREET ADDRESS					}
CITY-ST-ZIP	<u> </u>		CHY-ST-ZIP					
12. I hereby	certify that the information supplied with	this filing does not qualify to	r the exemptions contain	ned in Chapter 119	, Florida Statutes. I	further certification	y that the it	niormation
								VI CHI PULL
of the co	a on this report or supplemental report is imporation or the receiver or trustee empt	wered to execute this report	as required by Chapter	607, Florida Statute	s; and that my nam	e appears in	Block 10 o	r Block 11 it
of the co	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee empora- d, or on an attachment with an addressy	wered to execute this report with all other like empowered.	as required by Chapter			e appears in	Block 10 o	r Block 11 it
of the co- changed	d, or on an attachment with an address v	intered to execute this report with all other like empowered.	as required by Chapter (		s; and that my name $6/06$	e appears in	Block 10 o	r Błock 11 ił