

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90040 045 ***150.00

DOCUMENT # P98000044300

1. Entity Name
LARSEN, INC.



Principal Place of Business

5916 RIVERLAWN CT
HOLIDAY, FL 34690

Mailing Address

5916 RIVERLAWN CT
HOLIDAY, FL 34690

2. Principal Place of Business - No P.O. Box #

11905 OAK TRAIL WAY
Suite, Apt. #, etc.

3. Mailing Address

11905 OAK TRAIL WAY
Suite, Apt. #, etc.

City & State

Port Richey FL

City & State

Port Richey FL

Zip
34668

Country
USA

Zip
34668

Country
USA

03282007

Chg-P

CR2E034 (12/06)

4. FEI Number
59-3525802

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PING, TERRY
5916 RIVERLAWN CT
HOLIDAY, FL 34690

7. Name and Address of New Registered Agent

Name
TIMOTHY P. HOWENS

Street Address (P.O. Box Number is Not Acceptable)
11905 OAK TRAIL WAY

City
Port Richey

FL

Zip Code
34668

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 registered agent.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reappointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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-STATE-ZIP	P LARSEN, NELLY V 5916 RIVERLAWN CT HOLIDAY, FL 34690	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V POZNA, JASNA 5916 RIVERLAWN CT HOLIDAY, FL 34690	Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	ST PING, TERRY 5916 RIVERLAWN CT HOLIDAY, FL 34690	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11905 OAK TRAIL WAY PORT RICHEY FL 34668	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Nelly Larsen*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

041207

DATE

727-421-2050

DAYTIME PHONE #