

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Sep 21, 2009
Secretary of State**

DOCUMENT# V73466

Entity Name: LARRY WESTFALL CORPORATION

Current Principal Place of Business:

6223 SERENITY LANE
MACCLENNY, FL 32063

New Principal Place of Business:

Current Mailing Address:

6223 SERENITY LANE
MACCLENNY, FL 32063

New Mailing Address:

FEI Number: 59-3148011 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WESTFALL, LARRY L
6223 SERENITY LANE
MACCLENNY, FL 32063 US

Name and Address of New Registered Agent:

MALONEY, FRANK E JR
445 EAST MACCLENNY AVENU
MACCLENNY, FL 32063 US

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.

SIGNATURE: FRANK E. MALONEY, JR. 09/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PST () Delete
Name: WESTFALL, LARRY L
Address: 6223 SERENITY LANE
City-St-Zip: MACCLENNY, FL 32063

Title: T () Delete
Name: GIBBS, JAMES E JR.
Address: 1028 BOB WHITE DRIVE
City-St-Zip: MIDDLEBURG, FL 32068

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: WESTFALL, JANETTE L
Address: 6223 SERENITY LANE
City-St-Zip: MACCLENNY, FL 32063

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JANETTE L. WESTFALL PST 09/21/2009

Electronic Signature of Signing Officer or Director Date