

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000031032

Entity Name: THE LARSON INSURANCE GROUP, INC.

Current Principal Place of Business:

509 MAIN STREET
DUNEDIN, FL 34698

Current Mailing Address:

1497 MAIN STREET
#307
DUNEDIN, FL 34698

FEI Number: 01-0648148

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LARSON, WILL R
458 SCOTLAND STREET
DUNEDIN, FL 34698 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PSTD
Name LARSON, WILL R
Address 509 MAIN STREET
City-State-Zip: DUNEDIN FL 34698

Title VD
Name LARSON, MARY K
Address 509 MAIN STREET
City-State-Zip: DUNEDIN FL 34698

I hereby 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 all other like empowered.

SIGNATURE: WILLARD R LARSON

PRESIDENT

01/14/2014

Electronic Signature of Signing Officer/Director Detail

Date