

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000003172

**FILED**  
**Mar 26, 2007**  
**Secretary of State**

**Entity Name:** LARSON ARCHITECTURAL GROUP, INC.

**Current Principal Place of Business:**

1000 COMMERCE PARK DRIVE  
WILLIAMSPORT, PA 17701

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 487  
WILLIAMSPORT, PA 177030487

**New Mailing Address:**

**FEI Number:** 23-2617263      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KUZIO, KEITH S  
Address: 558 DUNKLEBERGER ROAD  
City-St-Zip: WILLIAMSPORT, PA 17701

Title: VP ( ) Delete  
Name: GEHR, ROBERT  
Address: 119 NORTH WASHINGTON ST  
City-St-Zip: MONTOURSVILLE, PA 17754

Title: ST ( ) Delete  
Name: DEBLANDER, DAVID T  
Address: 404 WINTER ST.  
City-St-Zip: S. WILLIAMSPORT, PA 17702

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRENDA NICHOLS

CFO

03/26/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date