

DEPOSIT DATE 04/330

Ch# 1114  
Ch# 100.00  
11-17-04

ORIGINAL

5 07 NOV 1 9 2004

RT

- 1. Name of company or name of individual (not fictitious name or d/b/a):  
JAMES LARMAN
- 2. Name under which applicant will do business (fictitious name, etc.):  
JAMES LARMAN
- 3. Official mailing address:  
Street: 5884 MORNINGSTAR CIRCLE  
P.O. Box: # 306  
City: DELRAY BEACH  
State: FLORIDA Zip: 33484

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- 4. Florida address:  
Street: 5884 MORNINGSTAR CIRCLE  
P.O. Box: # 306  
City: DELRAY BEACH  
State: FLORIDA Zip: 33484

- 5. Structure of organization:  
 Individual  
 Corporation  
 General Partnership  
 Limited Partnership  
 Other: \_\_\_\_\_

- 6. If incorporated in Florida, provide proof of authority to operate in Florida:  
 Florida Secretary of State  
 Corporate Registration Number: \_\_\_\_\_

- CMP \_\_\_\_\_
- COM \_\_\_\_\_
- CTR \_\_\_\_\_
- ECR \_\_\_\_\_
- GCL \_\_\_\_\_
- OPC \_\_\_\_\_
- MMS \_\_\_\_\_
- RCA \_\_\_\_\_
- SCR \_\_\_\_\_
- SEC
- OTH \_\_\_\_\_

Form PSC/CMU-32 (02/99)  
Required by Commission Rule Nos. 25-24.510 & 25-24.511  
File Name: cmu-32.doc

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