2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 8:00 am
Secretary of State
01-25-2008 90021 037 ****61.25

DOCUMENT # N45877

1. Entity Name
LARGO CENTRAL RAILROAD, INC.

Principal Place of Business	Mailing Address
LARGO CENTRAL PARK ST PETERSBURG, FL US	P O BX 60192 ST PETERSBURG, FL 33784 US

01232008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
LARGO CENTRAL PARK	PO BOX 823
Suite, Apt. #, etc. 101 CENTRAL PARK DR.	Suite, Apt. #, etc.
City & State LARGO, FL	City & State LARGO, FL
Zip / Country 33771 / US	Zip / Country 33779-0823 / US

4. FEI Number
59-3099881
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HEBEL, WALLY 2876 30TH AVE. N. SAINT PETERSBURG, FL 33713	Name: KOMAR, GAIL Street Address (P.O. Box Number is Not Acceptable): 13704 COUNTRY COURT DR City: TAMPA FL Zip Code: 33625

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 registered agent.

SIGNATURE: Gail L Komar GAIL L. KOMAR 1-23-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SMITHSON, JERRY 4526 EDITH ST NEW PORT RICHEY, FL 34652	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V O'NEILL, TERRY 829 15TH AVE S.W. LARGO, FL. 33770	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P JAMISON, WARREN 12351 93RD ST NORTH LARGO, FL 33773	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BRADY, MARY 829 15TH AVE SW LARGO, FL 33770	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOMAR, GAIL 13704 COUNTRY COURST DR TAMPA, FL 33625	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KOMAR, GAIL 13704 COUNTRY COURT DR. TAMPA, FL 33625	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMBR MANN, DON 950 ORANGEVIEW DR LARGO, FL 33778	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VAN ZANTEN, MARTY 4048 LIGUSTRUM DR. PALM HARBOR, FL 34685	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	BMBR RIZZO, VINCW 5147 RIVER PT. CT NEW PORT RICHEY, FL 34653	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ANALETTO, CHUCK 4003 WARING DR TAMPA, FL 33619	☒ Change ☐ 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 617, 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: Gail L Komar, GAIL L. KOMAR 1-23-08 813-362-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #