

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 29, 2005 08:00 AM
Secretary of State

DOCUMENT # G11044

1. Entity Name
LARGRO, INC.



Principal Place of Business
4560 DUNCAN RD
PUNTA GORDA, FL 33982

Mailing Address
4560 DUNCAN RD
PUNTA GORDA, FL 33982



04272005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2235554

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LARSEN, ROBERT S.
47700 BERMONT RD
PUNTA GORDA, FL 33982

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE PD
NAME LARSEN, DARRELL C.
STREET ADDRESS 21516 SEYBURN TERRACE
CITY-ST-ZIP PORT CHARLOTTE, FL 0,

TITLE VD
NAME LARSEN, ROBERT S
STREET ADDRESS 47700 BERMONT RD
CITY-ST-ZIP PUNTA GORDA, FL 00000,

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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04/29/05-80101-004 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT S. LARSEN

4/27/05

941 639-3356

Date

Daytime Phone #