


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # N28392 1. Entity Name MISS LARGO SCHOLARSHIP PAGENT, INC.	
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Principal Place of Business P.O. BOX 731 LARGO, FL 34649-0731	Mailing Address P.O. BOX 731 LARGO, FL 34649-0731
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DO NOT WRITE IN THIS SPACE



01182004 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**CLARK, LINDA K
7139 PARKSIDE VILLAS DR. NO.
SAINT PETERSBURG, FL 33709**

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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: *Linda Kay Clark* DATE: 1-19-04

Signature, typed or printed name of registered agent and title (if applicable). (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP REES, SHANNON 9143 JAKES PATH LARGO, FL 33771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KISNER, AMY 8915 117TH STREET NORTH SEMINOLE, FL 33772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CLARK, LINDA KAY 7139 PARKSIDE VILLAS DRIVE NORTH ST PETERSBURG, FL 33709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DYMTROW, MARY 3142 SHORELINE DRIVE CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BAILEY, ROLAND 2823 EAGLE RUN CIRCLE NORTH CLEARWATER, FL 33760
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WINTON, ANDREW 425 21ST AVENUE NE SAINT PETERSBURG, FL 33704

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U000000010085
01/22/04-80017-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Roland Bailey* **ROLAND BAILEY TREAS.** DATE: 1-19-04 **576-6019**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR