

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2006 08:00 AM
Secretary of State

DOCUMENT # N28392
 1. Entity Name
MISS LARGO SCHOLARSHIP PAGENT, INC.



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



05232006 No Chg-NP CR2E037 (4/06)

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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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 K. Clark* (NOTE: Registered Agent signature required when reinstating) DATE: *5/23/06*

Filing Fee is \$61.25
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP GRAY, DENNIS 12850 DARKNU ST HUDSON, FL 33667
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT WEBER, HEATHER 6024 66TH TERR PINELLAS PARK, FL 33781
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OS 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	DVP JOCKERS, MICHELLE 3935 HELENA ST N.E. SAINT PETERSBURG, FL 33701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP KREISER, ROEYN 100 FORT PICKENS RD GULF BREEZE, FL 32561

U00000566202
 05/26/06-80005-005 61.25

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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: *Linda K. Clark* (SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: *5/23/06* 727 434-1306 (Daytime Phone #)