2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 03, 2006 08:00 AM Secretary of State

DOCUMENT # P01000040250 1. Entity Name LARGO AUTO SALES INC.						Secr	etary of	State
1655 MISSOURI AVENUE SOUTH UNIT A 2331		Mailing Address 2331 WILLOW STREET CLEARWATER, FL 3370	63					
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. ₩, etc.		Suite, Apt. #, etc.		01252006	Chg-P	CR2E034 (11/0	5)	
City & State		City & State			4. FEI Number 59-3715			Applied For Not Applicable
ZIp	Country ZIp Con		Cauri	try	5. Certificate of Status Desired Sa.75 Additional Fee Required			
	6. Name and Address of Current			7. Name and /	Address of New R	egistered Agent		
HALENKAMP, DOUGLAS 2331 WILLOW TREE TRAIL CLEARWATER, FL 33763				Name Street Address (P.O. Box Number is Not Acceptable)				
				Street Address (P.O. Box Number	is Not Acceptable		
				Oin.			Zip C	ada .
	<u> </u>			City			FL Zip C	
	amed entity submits this statement to as of registered agent.	r the purpose of changing its	registere	ad office or register	red agent, or both	, in the State of Flo	rida. I am famillar w	th, and accept
SIGNATURE	pratice, typed or printed name of registered agent	and title if applicable. (NOT	E. Registered	d Agent signature required	i when reinstating)		DATE	
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 7. Election Campaign for Trust Fund Contribute			ion Finan	elno : \$5	00	110000004	418233	
After May	1, 2006 Fee will be \$550.			☐ Ådd	.00 May Be led to Fees	02/13/06/(418233 20087-015 1	50.00
10.	1, 2006 Fee will be \$550. OFFICERS AND	OO Trust Fund Cont		☐ Ādd			0087-015 1	
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12. Thereby certify that the information supplied with this filting 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 explore this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all gibes fifter empowered.

SIGNATURE

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

Halenkamp Pre

1/30/06 72

727-458-5706