

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000079758

1. Entity Name
PAPPAS LARGO, INC.



Principal Place of Business
**14400 WALSHINGHAM ROAD
LARGO, FL 33774**

Mailing Address
**617 CLEARWATER LARGO ROAD NORTH
LARGO, FL 33770**



01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
52-2366563

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PAPPAS, GEORGE
617 CLEARWATER LARGO ROAD NORTH
LARGO, FL 33770**

**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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

2/9/04
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**U00000111974
04/14/04-80004-008 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAPPAS, GEORGE
STREET ADDRESS 1433 MAPLE FOREST DRIVE
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE VD
NAME PAPPAS, NICK
STREET ADDRESS 1433 MAPLE FOREST DRIVE
CITY-ST-ZIP CLEARWATER, FL 33764

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**RECEIVED
MAR 25 2004
POSTED**

**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)(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 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

2/9/04
Date

Date

Daytime Phone #

**587 7851
722 586-0494**