

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000093205

FILED  
Feb 04, 2009  
Secretary of State

Entity Name: THOMAS F. LARGAY, CPA INC.

## Current Principal Place of Business:

1573 DOUBLE PALM PLACE  
THE VILLAGES, FL 32162 US

## New Principal Place of Business:

## Current Mailing Address:

1573 DOUBLE PALM PLACE  
THE VILLAGES, FL 32162 US

## New Mailing Address:

FEI Number: 26-3550057

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LARGAY, THOMAS  
1573 DOUBLE PALM PLACE  
THE VILLAGES, FL 32162 US

## Name and Address of New Registered Agent:

LARGAY, THOMAS F CPA  
1573 DOUBLE PALM PLACE  
THE VILLAGES, FL 32162 US

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.

SIGNATURE: THOMAS F. LARGAY

02/04/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LARGAY, THOMAS  
Address: 1573 DOUBLE PALM PLACE  
City-St-Zip: THE VILLAGES, FL 32162 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LARGAY, THOMAS F  
Address: 1573 DOUBLE PALM PLACE  
City-St-Zip: THE VILLAGES, FL 32162 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS F. LARGAY

PRES

02/04/2009

Electronic Signature of Signing Officer or Director

Date