


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000083776
 1. Entity Name
LARGAY FARMS, INC.



Principal Place of Business 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US	Mailing Address 9401 NW 106TH ST STE 101 MEDLEY, FL 33178 US
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03242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0536997	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BARNETT ROBINSON, JR., P.A.
 120 E. PALMETTO PARK RD., STE 150
 BOCA RATON, FL 33432

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P LARGAY, CHARLES E 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LARGAY, CHARLES E JR 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARNEY, C JULIUS 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS KNOWLES, JANET 9401 NW 106TH ST, STE 101 MEDLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/02/06-80033-006 150.00

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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 807, 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: Janet Knowles JANET KNOWLES, 04/18/06 305-885-2
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Assistant Secy. Date Daytime Phone #