


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90339 013 ***150.00

DOCUMENT # P94000083776

1. Entity Name
LARGAY FARMS, INC.



Principal Place of Business Mailing Address


9401 NW 106TH ST 9401 NW 106TH ST
 STE 101 STE 101
 MEDLEY, FL 33178 US MEDLEY, FL 33178 US

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



03312008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
65-0536997 Not Applicable

5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent

Name **Robinson, Barnett, Jr. P.A.**
 Street Address (P.O. Box Number is Not Acceptable) **21346 St. Andrews Blvd.**
 Suite **Suite 302**
 City **Boca Raton** FL Zip Code **33433**

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 **Barnett Robinson, Jr. P.A.** DATE **4/02/08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARGAY, CHARLES E	NAME	
STREET ADDRESS	9401 NW 106TH ST, STE 101	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY, FL	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARGAY, CHARLES E JR	NAME	
STREET ADDRESS	9401 NW 106TH ST, STE 101	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY, FL	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOWLES, JANET	NAME	
STREET ADDRESS	9401 NW 106TH ST, STE 101	STREET ADDRESS	
CITY-ST-ZIP	MEDLEY, FL	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 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: *Janet Knowles, Assistant Secy.* DATE **04/10/08** DAYTIME PHONE # **305-895-2458**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JANET KNOWLES, ASSISTANT SECRETARY