

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P98000030723**

**1. Entity Name**  
**LARGO BAZAAR, INC.**



**Principal Place of Business**  
3001 EXECUTIVE DR  
CLEARWATER, FL 33762-5324

**Mailing Address**  
3001 EXECUTIVE DRIVE  
SUITE 250  
CLEARWATER, FL 33762-5324



04162005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

**4. FEI Number**  
59-3520780

**Applied For**  
☐ **Not Applicable**

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

**6. Name and Address of Current Registered Agent**

ROSS, ELLIOTT M  
3001 EXECUTIVE DR STE 250  
CLEARWATER, FL 33762-5324

**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 title if applicable.*

*(NOTE: Registered Agent signature required when reappointing)*

**DATE**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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**  
PSTD  
ROSS, ELLIOTT M  
3001 EXECUTIVE DR STE 250  
CLEARWATER, FL 337625324

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**NAME**  
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**STREET ADDRESS**  
**CITY-ST-ZIP**

10000033192  
04/28/05-80026-002 150.00

**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)(i), 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 person or persons 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*

**Date**

**Daytime Phone #**

ELLIOTT M. ROSS 4-16-05 727-725-2800