

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 401344**  
1. Entity Name  
**LANGSTON'S GARAGE & AUTO PARTS CO., INC.**



Principal Place of Business  
**8011 NORTH HIGHWAY 301  
TAMPA, FL 33637**

Mailing Address  
**8011 NORTH HIGHWAY 301  
TAMPA, FL 33637**



**DO NOT WRITE IN THIS SPACE**

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1404117** Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**KEEL, C J JR  
4830 W KENNEDY BLVD STE 750  
TAMPA, FL 33609**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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	PD
NAME	LANGSTON, R
STREET ADDRESS	1525 RIVERHILLS NORTH
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	VD
NAME	LANGSTON, D
STREET ADDRESS	11313 THONOTOSASSA ROAD
CITY-ST-ZIP	THONOTOSASSA, FL 33592
TITLE	SD
NAME	LANGSTON, M
STREET ADDRESS	1525 RIVERHILLS NORTH
CITY-ST-ZIP	TEMPLE TERRACE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000391474  
01/24/06-80042-014 150.00

**DO NOT WRITE IN THIS SPACE**

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: *Ray Langston* 1-19-06 813-988-7341  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #