2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 14, 2006 08:00 AM Secretary of State DOCUMENT # P02000107215 LANGFORD CONSTRUCTION & BOBCAT SERVICES, Principal Place of Business Malling Address 1715 W. CLEVELAND STREET 1715 W. CLEVELAND STREET TAMPA, FL 33606 TAMPA, FL 33606 02282006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2299470 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent LANGFORD, E.C. DO NOT WRITE 1715 W. CLEVELAND STREET TAMPA, FL 33606 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 it applicable [NOTE: Registered Agent signature required when reinstating) U00000507575 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 04/27/06-80069-009 150.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE LANGFORD, CHANCE C NAME STREET ADDRESS 1715 W. CLEVELAND STREET TAMPA, FL 33606 CITY-ST-70 TITLE. NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TIFLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Chance C. Langford

(813) 601-3975

FILED