

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 20, 2004 08:00 AM
Secretary of State**

DOCUMENT # 154335

1. Entity Name
LANGDALE WOODLANDS INC



Principal Place of Business
**1202 MADISON HIGHWAY
VALDOSTA, GA 31601-6033**

Mailing Address
**1202 MADISON HIGHWAY
VALDOSTA, GA 31601-6033**



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-0566337

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**LONG, DALE
10 ALMOND PLACE
OCALA, FL 32672**

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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U000000060022
02/23/04-80024-001 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
LANGDALE JR., JOHN W.
1202 MADISON HIGHWAY
VALDOSTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANGDALE JR, HARLEY
1202 MADISON HIGHWAY
VALDOSTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LANGDALE, JOHN W III
1202 MADISON HIGHWAY
VALDOSTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ST
PARRISH, DELORES M.
1202 MADISON HIGHWAY
VALDOSTA, GA**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(f), 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:

Deborah M Parrish
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-18-04 **(229) 333-2536**
Date Daytime Phone #