


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 154335 1. Entity Name LANGDALE WOODLANDS INC	
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Principal Place of Business
**1202 MADISON HIGHWAY
VALDOSTA, GA 31601-6033**

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



02202006 No Chg-P CR2E034 (11/05)

4. FEI Number 58-0566337	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

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

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

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

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

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN00000444239
03/06/06-80043-008 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DeLores M Parrish
DeLores M Parrish

Feb 20, 2006 (229) 333-2586
Date Daytime Phone #