


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 283935 1. Entity Name LANGLEY GROVES, INC.	
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Principal Place of Business 400 N. NEW YORK AVE 209 WINTER PARK, FL 32789 US	Mailing Address 400 N. NEW YORK AVE 209 WINTER PARK, FL 32789 US
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DO NOT WRITE IN THIS SPACE



02222005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1060647	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, A.E.
1831 BETT MAR LANE
WINTER PARK, FL 32789

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

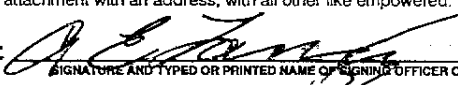
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANGLEY, A.E. 1831 BETT MAR LANE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LANGLEY, MARY S 1831 BETT MAR LANE WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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03/02/05-80016-007 150.00

**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 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

Date _____ Day/Time Phone # _____