


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

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)
 4. FEI Number Applied For
59-1404117 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 _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be
After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. 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 #