

2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 491700

1. Entity Name

TRANS FLORIDA FINANCIAL CORP.



**FILED**  
**Feb 09, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

2113 GULL LANE  
SAFETY HARBOR, FL 34695

Mailing Address

2113 GULL LANE  
SAFETY HARBOR, FL 34695



02052006

No Chg-P

CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-1646772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LANGHOFF, WILLIAM H.  
2113 GULL LANE  
SAFETY HARBOR, FL 34695

**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 reissuing)

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           | VP                  |
| NAME            | LANGHOFF, DOROTHY L |
| STREET ADDRESS  | 2113 GULL LANE      |
| CITY - ST - ZIP | SAFETY HARBOR, FL   |
| TITLE           | PTD                 |
| NAME            | LANGHOFF, WILLIAM H |
| STREET ADDRESS  | 2113 GULL LANE      |
| CITY - ST - ZIP | SAFETY HARBOR, FL   |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |
| TITLE           |                     |
| NAME            |                     |
| STREET ADDRESS  |                     |
| CITY - ST - ZIP |                     |

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**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

*William H. Langhoff*  
PRESIDENT  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
WILLIAM H. LANGHOFF

February 4, 2006 (727) 726-9325  
Date Daytime Phone #