

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 15, 2004 08:00 AM
Secretary of State

DOCUMENT # 536262 1. Entity Name LANGE CORPORATION-ARCHITECTS/PLANNERS	
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Principal Place of Business 526 15TH AVENUE N.E. P.O. BOX 7776 ST. PETERSBURG, FL 33734	Mailing Address 526 15TH AVENUE N.E. P.O. BOX 7776 ST. PETERSBURG, FL 33734
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DO NOT WRITE IN THIS SPACE



04012004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1754220	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LANGE, STEVEN D. 526 15TH AVENUE N.E. ST. PETERSBURG, FL 33704
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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.

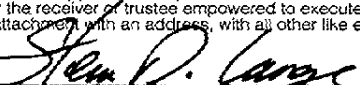
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000113288 04/15/04-80003-014 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGE, MARY ALICE 526 15TH AVENUE N.E. ST PETERSBURG, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD LANGE, STEVEN D 526 15TH AVENUE N.E. ST PETERSBURG, FL
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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 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	Steven D. Lange President Date 4-9-04 (727) 823-7868 Daytime Phone #
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