2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004
Secretary of State

DOCUMENT# 556884

Entity Name: LANGSTON INSURANCE AGENCY, INC.

Current Principal Place of Business:

BARBER AVE AND STATE RD 351
P.O. BOX 670
CROSS CITY, FL 32628

New Principal Place of Business:

Current Mailing Address:

BARBER AVE AND STATE RD 351
P.O. BOX 670
CROSS CITY, FL 32628

New Mailing Address:

FEI Number: 59-1794748 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLS, ELIZABETH L PRES
PO BOX 670
250 CEDAR ST
CROSS CITY, FL 32628

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MILLS, ELIZABETH N L P
Address: 250 CEDAR ST PO BOX 670
City-St-Zip: CROSS CITY, FL 32628 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELIZABETH MILLS P 02/25/2004
Electronic Signature of Signing Officer or Director — Date