

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 556884

FILED
Jan 13, 2007
Secretary of State

Entity Name: LANGSTON INSURANCE AGENCY, INC.

Current Principal Place of Business:

179 NE 351 HWY
P.O. BOX 670
CROSS CITY, FL 32628

New Principal Place of Business:

179 NE 351 HWY
CROSS CITY, FL 32628

Current Mailing Address:

179 NE 351 HWY
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
179 NE 351 HWY
CROSS CITY, FL 32628 US

Name and Address of New Registered Agent:

MILLS, ELIZABETH L PRES
179 NE 351 HWY
CROSS CITY, FL 32628 US

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: ELIZABETH L MILLS

01/13/2007

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: 179 NE 351 HWY 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 Chapter 119, 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 L MILLS

PRES

01/13/2007

Electronic Signature of Signing Officer or Director

Date