2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 807564

1. Entity Name
LANGDALE -J W- COMPANY THE

Principal Place of Business	Mailing Address
1202 MADISON HWY VALDOSTA, GA 31601	1202 MADISON HWY VALDOSTA, GA 31601

DO NOT WRITE IN THIS SPACE

02202006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-0320720
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LONG, DALE
10 ALMOND PLACE
OCALA, FL 32672

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

U00000448760
03/09/06-80025-022 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANGDALE, JOHN W JR.
STREET ADDRESS	1202 MADISON HWY
CITY-ST-ZIP	VALDOSTA, GA
TITLE	D
NAME	LANGDALE JR,HARLEY
STREET ADDRESS	1202 MADISON HWY
CITY-ST-ZIP	VALDOSTA, GA
TITLE	D
NAME	LANGDALE, JOHN W III
STREET ADDRESS	1202 MADISON HWY
CITY-ST-ZIP	VALDOSTA, GA
TITLE	ST
NAME	PARRISH, DELORES M.
STREET ADDRESS	1202 MADISON HWY
CITY-ST-ZIP	VALDOSTA, GA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Delores M Parrish February 20, 2006 333-2536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Delores M Parrish