2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03420

1. Entity Name

LANG MANAGEMENT COMPANY, INC.



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

21045 COMMERCIAL TRAIL BOCA RATON, FL 33486 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486



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02222008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2119251

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K 21045 COMMERCIAL TRAIL BOCA RATON, FL 33486

DO NOT WRITE IN THIS SPACE

	rnamed entity submits this statement for the purpose of changi tions of registered agent.	ing its registered office of registered agent, or oo	in, in the State of Fiolida.	and accurate with and acc	сы
SIGNATURE.				<u> </u>	
	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)		DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. TITLE NAME ISAACSON, WILLIAM K STREET ADDRESS 21045 COMMERCIAL TRAIL CITY-ST-ZIP BOCA RATON, FL 33486 TITLE VPST NAME CARROLL, KEVIN M 21045 COMMERCIAL TRAIL STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CiTY-ST-ZIP

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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 it 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 officer improvered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-08

266 20 A.A.S.

Daytime Phone #