2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: 2

Mar 10, 2004 08:00 AM Secretary of State DOCUMENT # F20544 1. Entity Name LANGTON SURVEYING, INC. Principal Place of Business Mailing Address 6285 PARK BLVD 6285 PARK BLVD. PINELLAS PARK FL 33781 PINELLAS PARK FL 33781 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2075475 Not Applicable Ζŧρ Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGTON, EDWARD J, JR 6285 PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) PINELLAS PARK FL 34665 Zip Code FL 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 agont and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete THEF ☐ Addition LANGTON, EDWARD J, JR NAME NAME 6285 PARK BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PINELLAS PARK FL CITY-ST-ZIP TIBLE Delete TITLE ☐ Change Addition NAME NAME U000000083087 STREET ADDRESS STREET ADDRESS 03/10/04-80025-010 150.00 CITY - ST- ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. If hereby certify that the information supplied with this filling 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.

EDWARD J. LANGTON, JR. FEB. 16 2004 (127) 545-5900
NING OFFICER OR DIRECTOR

Dale

Dayume Phone #

FILED