2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 28, 2007 08:00 AM DOCUMENT # F20544 **Secretary of State** 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 - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 59-2075475 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 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 City 8. The above named ontity 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 Signature, typed or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11 HTH Delete TITLE ☐ Change Addition LANGTON, EDWARD J, JR NAMÉ NAME 6285 PARK BLVD STREET ADDRESS STREET ADDRESS PINELLAS PARK FL CITY-ST-7IP CITY-S1-ZIP TILLE Delete ☐ Change Addition HitE H00000650840 NAME NAME STREET ADDRESS STREET ADDRESS 03/08/07-80029-020 150.00 CITY-ST-ZIP CITY - ST-7IP ☐ Change Addition TITLE ☐ Delete IIILE NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-SI-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP . City - S1- ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - 7IP ☐ Change THIF Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 jike empowered.

EDWARD J. LAWLTON, JR, 2/25/2007 (127) 545-5900
IG OFFICER OR DIRECTOR

Date

Date

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