

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64272

FILED  
Apr 25, 2006  
Secretary of State

Entity Name: LANG INSURANCE BROKERAGE, INC.

## Current Principal Place of Business:

1004 SEAWOOD DR  
NEPTUNE BEACH, FL 32266

## New Principal Place of Business:

1064 LITTLE CYPRESS KEY  
ATLANTIC BEACH, FL 32233

## Current Mailing Address:

PO BOX 330281  
ATLANTIC BEACH, FL 322330281

## New Mailing Address:

FEI Number: 59-2544709

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LANG, CARLTON D  
1004 SEAWOOD DR  
NEPTUNE BEACH, FL 32266 US

## Name and Address of New Registered Agent:

LANG, CARLTON D  
420 8TH AVENUE, NORTH  
JACKSONVILLE BEACH, FL 32250 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:

04/25/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LANG, CARLTON D.  
Address: 1004 SEAWOOD DR  
City-St-Zip: NEPTUNE BEACH, FL 32266

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LANG, CARLTON D.  
Address: 420 8TH AVENUE, NORTH  
City-St-Zip: JACKSONVILLE BEACH, FL 32250

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: CARLTON DALE LANG

P

04/25/2006

Electronic Signature of Signing Officer or Director

Date