

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64272

FILED
Apr 24, 2008
Secretary of State

Entity Name: LANG INSURANCE BROKERAGE, INC.

Current Principal Place of Business:

1064 LITTLE CYPRESS KEY
ATLANTIC BEACH, FL 32233

New Principal Place of Business:

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
420 8TH AVENUE, NORTH
JACKSONVILLE BEACH, FL 32250 US

Name and Address of New Registered Agent:

LANG, SHARON S
1064 LITTLE CYPRESS KEY
ATLANTIC BEACH, FL 32233 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: SHARON S. LANG

04/24/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LANG, SHARON S.
Address: 1064 LITTLE CYPRESS KEY
City-St-Zip: ATLANTIC BEACH, FL 32233

I hereby certify that the information supplied with this filing does not qualify 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: SHARON S. LANG

P

04/24/2008

Electronic Signature of Signing Officer or Director

Date