

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M68410

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** OCTA-STRUCTURE OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

165 CALLE MADRID  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

165 CALLE MADRID  
ST. AUGUSTINE, FL 32086 US

**New Mailing Address:**

**FEI Number:** 59-2924307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LANGFORD, CLARENCE R MR  
165 CALLE MADRID  
ST. AUGUSTINE, FL 32086 US

**Name and Address of New Registered Agent:**

LANGFORD, CLARENCE R  
165 CALLE MADRID  
ST. AUGUSTINE, FL 32086 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:** CLARENCE R. LANGFORD

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PTS  
**Name:** LANGFORD, CLARENCE R  
**Address:** 165 CALLE MADRID  
**City-St-Zip:** ST. AUGUSTINE, FL 32086 US

**Title:** D  
**Name:** LANGFORD, CLARENCE R  
**Address:** 165 CALLE MADRID  
**City-St-Zip:** ST. AUGUSTINE, FL

I hereby 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 all other like empowered.

**SIGNATURE:** CLARENCE R. LANGFORD

PRES

03/07/2011

Electronic Signature of Signing Officer or Director

Date