

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N04662

1. Entity Name
LANGLEY SQUARE, INC.



Principal Place of Business
**3000 LANGLEY AVE
SUITE 200
PENSACOLA, FL 32504 US**

Mailing Address
**3000 LANGLEY AVE
SUITE 302
PENSACOLA, FL 32504 US**



03092006 No Chg-NP CR2EQ37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2539502

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SUMLIN, R WAYNE
3000 LANGLEY AVENUE
SUITE 200
PENSACOLA, FL 32504**

**DO NOT WRITE
IN THIS SPACE**

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 agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FELDER, BRUCE K
STREET ADDRESS	3000 LANGLEY AVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	SIMMONS, LONNIE L
STREET ADDRESS	3000 LANGLEY AVE, SUITE 301
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	SUMLIN, R WAYNE
STREET ADDRESS	3000 LANGLEY AVE, SUITE 200
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	LOWREY, RODGER K
STREET ADDRESS	3000 LANGLEY AVE #400
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1000000465221
03/22/06-80027-010 61.25

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: