

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2008 08:00 A
Secretary of State

DOCUMENT # N04662

1. Entity Name
LANGLEY SQUARE, INC.



Principal Place of Business

**3000 LANGLEY AVE
SUITE 402
PENSACOLA, FL 32504 US**

Mailing Address

**3000 LANGLEY AVE
SUITE 402
PENSACOLA, FL 32504 US**



02012008 No Chg-NP CR2E037 (4/08)

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000263360
04/03/08-80088-014 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	FELDER, BRUCE K
STREET ADDRESS	3000 LANGLEY AVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	D
NAME	FRUITTICHER, THOMAS J
STREET ADDRESS	3000 LANGLEY AVE SUITE 400
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	

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Tom FRUITTICHER**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-08 850-477-0419

Date

Daytime Phone #