2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# N04662

Entity Name: LANGLEY SQUARE, INC.

Current Principal Place of Business:

3000 LANGLEY AVE
SUITE 402
PENSACOLA, FL 32504 US

New Principal Place of Business:

Current Mailing Address:

3000 LANGLEY AVE
SUITE 402
PENSACOLA, FL 32504 US

New Mailing Address:

FEI Number: 59-2539502 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	FELDER, BRUCE K	
Address:	3000 LANGLEY AVE	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	FRUITTICHER, THOMAS J	
Address:	3000 LANGLEY AVE SUITE 400	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	SUMLIN, R WAYNE	
Address:	3000 LANGLEY AVE, SUITE 200	
City-St-Zip:	PENSACOLA, FL 32504	
Title:	D	( ) Delete
Name:	LOWREY, RODGER K	
Address:	3000 LANGLEY AVE #400	
City-St-Zip:	PENSACOLA, FL 32504	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM FRUITTICHER D 03/24/2009

Electronic Signature of Signing Officer or Director — Date