04/24/2007 11:14 813-348-0810 ATSUN, GIFFO

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May 02, 2007 8:00 am
Secretary of State
05-02-2007 90080 024 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000013669

1. Entity Name
LANGFORD ELEVATOR AND LIFTS, INC.

40099803

Principal Place of Business	Mailing Address
4101 E. 12TH AVENUE BLDG C-3 TAMPA, FL 33605	17016 CRAWLEY RD ODESSA, FL 33556

04242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	4101 E. 12th Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc. Building C-3
City & State	City & State Tampa, FL
Zip / Country	Zip 33605 Country Hillsborough

4. FEI Number 01-0590260 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LANGFORD, RICHARD L 17016 CRAWLEY ROAD ODESSA, FL 33556	Name Street Address (P.O. Box Number is Not Acceptable) 4101 E. 12th Ave. Bldg. C-3 City Tampa FL Zip Code 33605

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGFORD, RICHARD L 17016 CRAWLEY ROAD ODESSA, FL 33556 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4101 E. 12th Ave. Building C-3 Tampa, FL 33605 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANGFORD, MARILYNN D 17016 CRAWLEY RD ODESSA, FL 33556 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	4101 E. 12th Ave Building C-3 Tampa, FL 33605 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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 607, 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: Marilynn D Langford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #