## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

**FILED** May 02, 2007 08:00 AM Secretary of State

| DOCUMENT # P02000036 | DOCU | MENT | # P020 | 00036374 |
|----------------------|------|------|--------|----------|
|----------------------|------|------|--------|----------|

1. Entity Name
LANGLEY ENTERPRISES, INC.



Principal Place of Business

235 SW 4TH AVE., #1 LAKE BUTLER, FL 32054 Mailing Address

P. O. BOX 205

LAKE BUTLER, FL 32054



## DO NOT WRITE IN THIS SPACE

04282007 No Chg-P CR2E034 (11/05)

| 4. FEI Number                    |                   | Applied For      |
|----------------------------------|-------------------|------------------|
| 03-0417500                       |                   | Not Applicable   |
| 5. Certificate of Status Desired | \$8.75<br>Fee Red | Additional uired |

6. Name and Address of Current Registered Agent

GASS, SANDRA L 235 SW 4TH AVE # 2 LAKE BUTLER, FL 32054

## 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 bits if applicable (NOTE: Registered Agent signature required when reinstating) OATE  |  |   |       |                                |                           |  |  |  |
|  | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00        | Election Campaign Finar<br>Trust Fund Contribution. | ncing | \$5.00 May Be<br>Added to Fees |                           |  |  |  |
| 10.  | OFFICERS AND DIREC   | TORS  |       |                                |                           |  |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  | P<br>BARTLETT, GALE L<br>4926 SW 99TH LN<br>LAKE BUTLER, FL 32054  |   |       |                                |                           |  |  |  |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | ST<br>GASS, SANDRA L<br>235 SW 4TH AVE #1<br>LAKE BUTLER, FL 32054 |   |       |                                |                           |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |       | DO                             | NOT WRITE                 |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  |   |       | IN 7                           | THIS SPACE                |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  |   |       |                                | U00000753341              |  |  |  |
| TITLE NAME STREET ADDRESS CITY-SI-ZIP  |  | r   | ,     |                                | 05/22/07-80017-004 150.00 |  |  |  |
| 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. |  |   |       |                                |                           |  |  |  |