


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90464 029 \*\*\*150.00

DOCUMENT # P02000094754	
1. Entity Name E Z LIVING CONCEPTS, INC.	

Principal Place of Business 2433 SW BREWER AVENUE ARCADIA, FL 34266	Mailing Address 2433 SW BREWER AVENUE ARCADIA, FL 34266
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50015896



04122006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 50-0005681	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

<del>REINBOLD, PAUL J</del> <del>1566 DORCHESTER STREET</del> <del>PORT CHARLOTTE, FL 33952-2409</del> <b>LANGFORD, DONALD</b> <b>2433 SW BREWER AVENUE</b> <b>ARCADIA, FL 34266</b>
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**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: Donald Langford DONALD LANGFORD 4/12/2006  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LANGFORD, DONALD 2433 SW BREWER AVENUE ARCADIA, FL 34266
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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: Donald Langford DONALD LANGFORD 4/12/2006 863-990-1817  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #