


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90019 017 ***158.75

DOCUMENT # P03000089007 1. Entity Name LANGLEY DEVELOPMENT CORPORATION					
Principal Place of Business 720 ALMOND STREET CLERMONT, FL 34711			Mailing Address P.O. BOX 120188 CLERMONT, FL 34712 US		
2. Principal Place of Business - No P.O. Box # 16405 W. COLONIAL DRIVE		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State OAKLAND, FL		City & State		4. FEI Number 20-1175734	
Zip 34787		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34787		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGLEY, RICHARD H 720 ALMOND STREET CLERMONT, FL 34711			7. Name and Address of New Registered Agent Name LANGLEY, RICHARD H. Street Address (P.O. Box Number is Not Acceptable) 16405 W. COLONIAL DRIVE City OAKLAND FL Zip Code 34787		
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 <i>Richard H. Langle</i> RICHARD H. LANGLEY 2-22-08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$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/P LANGLEY, RICHARD H 720 ALMOND STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D LANGLEY, RICHARD H. P.O. BOX 120188 CLERMONT, FL 34712
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P LANGLEY, RANDALL B 720 ALMOND STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D LANGLEY, RANDALL B. P.O. BOX 120188 CLERMONT, FL 34712
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/ST LANGLEY, RYAN D 720 ALMOND STREET CLERMONT, FL 34711	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST/D LANGLEY, RYAN D. P.O. BOX 120188 CLERMONT, FL 34712
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>Richard H. Langle</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-22-08 (407) 454-8675 <small>Date Daytime Phone #</small>		