2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 22, 2004 8:00 am

150.00

Secretary of S
04-22-2004 90018 043 ***

DOCUMENT # P03000128338 S TO 1. Entity Name RICHARD LANG, INC. Mailing Address Principal Place of Business 54038854 173 N. ROCKCRUSHER ROAD 173 N. ROCKCRUSHER ROAD CRYSTAL RIVER, FL 34429 CRYSTAL RIVER, FL 34429 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162004 CR2E034 (10/03) 4. FEI Number 20-0400845 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANG, RICHARD Street Address (P.O. Box Number is Not Acceptable) 173 N. ROCKCRUSHER ROAD CRYSTAL RIVER, FL 34429 Zip Code FL 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Detete TITLE ☐ Change ☐ Addition LANG, RICHARD NAME NAME STREET ADDRESS 173 N. ROCKCRUSHER ROAD STREET ADDRESS CRYSTAL RIVER, FL 34429 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 Naddress, with all other like empowered

SIGNATURE:

Kuhao Richard Lang SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

352 6340666

Daytime Phone #