2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000131298

1. Entity Name
LANGFORD FABRICATION, INC.

Principal Place of Business	Mailing Address
9999 PILGRIM TRAIL MOLINO, FL 32577	9999 PILGRIM TRAIL MOLINO, FL 32577

40059714

DO NOT WRITE IN THIS SPACE

01212008   No Chg-P   CR2E034 (11/05)

4. FEI Number 75-3137899	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

LANGFORD; HANK
9999 PILGRIM TRAIL
MOLINO, FL 32577

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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_____   DATE
     Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LANGFORD, HANK
STREET ADDRESS	9999 PILGRIM TRAIL
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	V
NAME	LANGFORD, DIANE
STREET ADDRESS	9999 PILGRIM TRAIL
CITY-ST-ZIP	MOLINO, FL 32577
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

vice pres.

SIGNATURE: Diane Langford   Dianne Langford   3-26-08   850-587-2420
     SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #