

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90994 014 \*\*\*150.00

**DOCUMENT # P03000139238**

1. Entity Name

JOHN J LANGFORD INC.



Principal Place of Business

9867 LEAHY ROAD  
JACKSONVILLE FL 32246

Mailing Address

9867 LEAHY ROAD  
JACKSONVILLE FL 32246

2. Principal Place of Business

10424 SEAL RD.  
Suite, Apt. #, etc.

3. Mailing Address

10424 SEAL RD.  
Suite, Apt. #, etc.

City & State

Jacksonville, FL

Zip 32225-6778

Country

DAVUL

City & State

Jacksonville, FL

Zip 32225-6778

Country

DAVUL

4. FEI Number

56-2416216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JOHN J LANGFORD  
9867 LEAHY ROAD  
JACKSONVILLE FL 32246

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

*John J. Langford*

Signature, typed or printed name of registered agent and board applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVTS ☐ Delete  
NAME LANGFORD, JOHN J  
STREET ADDRESS 9867 LEAHY ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE D ☐ Delete  
NAME LANGFORD, JOHN J  
STREET ADDRESS 9867 LEAHY ROAD  
CITY-ST-ZIP JACKSONVILLE FL 32246

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 an address, with all other like empowered.

SIGNATURE:

*John J. Langford*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*John J. Langford*

*April 24, 2004*