

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90368 039 ***150.00

DOCUMENT # P03000158246

1. Entity Name
LANGLEY DISTRIBUTING CO. INC.



Principal Place of Business
**3849 MAINLANDS BLVD. NORTH
PINELLAS PARK, FL 33782**

Mailing Address
**3849 MAINLANDS BLVD. NORTH
PINELLAS PARK, FL 33782**

2. Principal Place of Business

605 E. Atlantic Blvd

3. Mailing Address

605 E Atlantic Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pompano Bch, FL 33060

City & State

Pompano Bch, FL 33060

Zip

Country

33060 USA

Zip

Country

33060 USA

04272004

Chg-P

CR2E034 (10/03)

4. FEI Number

20-0533323

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HADDEN, ZACH H
3849 MAINLANDS BLVD. NORTH
PINELLAS PARK, FL 33782**

7. Name and Address of New Registered Agent

Name **Pam Langley**

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

605 E Atlantic Blvd

City **Pompano Bch**

FL

Zip Code **33060**

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

Pam Langley

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

(NOTE: Registered Agent signature required when reinstating)

4/27/04

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

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

10. OFFICERS AND DIRECTORS

TITLE **S** ☐ Delete
NAME **LANGLEY, PAM**
STREET ADDRESS **3849 MAINLANDS BLVD., N**
CITY-ST-ZIP **PINELLAS APRK, FL 33782**

TITLE **P** ☐ Delete
NAME **LANGLEY, THERESE H**
STREET ADDRESS **3849 MAINLANDS BLVD., N**
CITY-ST-ZIP **PINELLAS APRK, FL 33782**

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 **S** ☒ Change ☐ Addition
NAME **Langley Pam**
STREET ADDRESS **605 E Atlantic Blvd**
CITY-ST-ZIP **Pompano Bch, FL 33060**

TITLE **P** ☒ Change ☐ Addition
NAME **Langley Therese**
STREET ADDRESS **605 E Atlantic Blvd**
CITY-ST-ZIP **Pompano Bch, FL 33060**

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:

Pam Langley

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/04

DATE

954-788-3001

Daytime Phone #