

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED
AND
FILED

9/6/2005-90134-025-\$150.00-\$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P04000104709	
1. Entity Name LANGONE POOLS INC	



Principal Place of Business 5016 LANTANA RD #1307 LAKE WORTH FL 33463	Mailing Address 5016 LANTANA RD #1307 LAKE WORTH FL 33463
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2. Principal Place of Business 1901 S.W. DIAMOND ST. Suite, Apt. #, etc.	3. Mailing Address 1901 S.W. DIAMOND ST. Suite, Apt. #, etc.
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City & State PORT ST. LUCIE, FL	City & State PORT ST. LUCIE, FL
Zip 34953	Zip 34953
Country USA	Country USA

4. FEI Number 20-1370294	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FRANKLIN, ELLIOTT 2777 S CONGRESS AVE LAKE WORTH FL 33461
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7. Name and Address of New Registered Agent Name: DESIRE LANGONE Street Address (P.O. Box Number is Not Applicable): 1901 SW DIAMOND ST. City: PORT ST. LUCIE, FL Zip Code: 34953
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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>Desire Langone</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)
DATE: 10/10/05

FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State	S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input type="checkbox"/>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGONE, DOMINICK 5016 LANTANA RD #1307 LAKE WORTH FL 33463 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGONE, DOMINICK 1901 S.W. DIAMOND STREET PORT ST. LUCIE, FL 34953 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 empowerment.	
SIGNATURE: <i>Dominick Langone</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	8/27/05 772-216-3215 Date Daytime Phone #

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ATTACHMENT


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To whom it may concern,

Prior to receiving a notice of intent to dissolve, Langone Pools Inc., did not receive any notices for filing with the Florida Department of State, Division of Corporations before the May 1, 2005 deadline. Due to this situation, I respectfully request that the \$400.00 late fee be waived.

Enclosed is payment for \$150.00 and all information needed to file the 2005 Profit Corporation Annual Report. I apologize for any inconvenience and thank you in advance for your understanding.

Sincerely,


Dominick Langone
772-216-3215

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To Whom It May Concern:

I would like to first apologize for not getting this form back to you in a timely fashion from the Sept 2005 to Oct 13th 2005 deadline dated on the letter your office sent. I did not receive this letter until the end of Sept 2005. I have enclosed the envelope in which your documents were received with a postmark date of Sept 27th 2005. I would greatly appreciate if your late fee is waved for this reason.

Thank you in advance for your understanding and I hope all corrections are satisfactory.

Sincerely,
Dominick Langone