## 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Apr 13, 2007 8:00 am Secretary of State DOCUMENT # P04000126447 04-13-2007 90156 046 \*\*\*150.00 1. Entity Name LANGDON HALL, INC. Principal Place of Business Mailing Address 1120 33RD AVE WEST 1120 33RD AVE WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 04072007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 33-1100021 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Dis -a $\sigma$ MATTHEWS, TERENCE Street Address (P.O. Box Number is Not Acceptable) 5190 26TH STREET WEST SUITE D upa BRADENTON, FL 34207 City 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 ag SIGNATURE. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE Addition Change RUMPH, ALBERT NAME NAME STREET ADDRESS 1120 33RD AVE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME RUMPH, JASON NAME STREET ADDRESS 1120 33RD AVE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition RUMPH, ALBERT NAME STREET ADDRESS 1120 33RD AVE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34205 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 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.

FILED

Daytime Phone