

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000076694

1. Entity Name  
DOUGLAS B. LANG, P.A.



Principal Place of Business  
9212 BEAULERC CIRCLE EAST  
JACKSONVILLE, FL 32257 US

Mailing Address  
9212 BEAULERC CIRCLE EAST  
JACKSONVILLE, FL 32257 US

**FILED**  
**Aug 14, 2008 08:00 AM**  
**Secretary of State**



08062008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2905280	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

LANG, DOUGLAS B  
9212 BEAULERC CIRCLE EAST  
JACKSONVILLE, FL 32257

**DO NOT WRITE  
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.

000000957740  
08/14/08-80004-025 150.00

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PVD
NAME	LANG, DOUGLAS B
STREET ADDRESS	9212 BEAULERC CIRCLE EAST
CITY-ST-ZIP	JACKSONVILLE, FL 32257

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/08

Date

Daytime Phone #