


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90081 009 ***150.00

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| DOCUMENT # P05000118267 | |  |
| 1. Entity Name LONGFORD COMPANY, INC. | | |

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| Principal Place of Business 1512 MARCY DR. JACKSONVILLE, FL 32259 | Mailing Address 1512 MARCY DR. JACKSONVILLE, FL 32259 |
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| 2. Principal Place of Business 861452 North Hampton Club Way Suite, Apt. #, etc. | 3. Mailing Address 861452 North Hampton Club Way Suite, Apt. #, etc. |
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| City & State FERNANDINA BEACH, FL | City & State FERNANDINA BEACH, FL |
| Zip 32034 | Country USA |



04152006 Chg-P CR2E034 (11/05)

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| 6. Name and Address of Current Registered Agent LEE, JON C 1512 MARCY DR. JACKSONVILLE, FL 32259 | |
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| 7. Name and Address of New Registered Agent Name LEE, JON C Street Address (P.O. Box Number is Not Acceptable) 861452 North Hampton Club Way City FERNANDINA BEACH FL Zip Code 32034 | |
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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 <u>JON C. LEE, PRESIDENT</u> DATE <u>4/15/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 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 | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, JON C 1512 MARCY DR. JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, SECRETARY, TREASURER LEE, JON C 861452 NORTH HAMPTON CLUB WAY FERNANDINA BEACH, FL 32034 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LEE, LAURI W 1512 MARCY DR. JACKSONVILLE, FL 32259 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP LEE, LAURI W 861452 NORTH HAMPTON CLUB WAY FERNANDINA BEACH, FL 32034 <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 |
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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 |

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| 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: <u>JON C. LEE</u> DATE <u>4/15/06</u> DAYTIME PHONE # <u>904-571-0177</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | |
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