

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

ORIGINAL
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P05000118267

1. Entity Name
LONGFORD COMPANY, INC.



Principal Place of Business
861452 N HAMPTON CLUB WAY
FERNANDINA BEACH, FL 32034

Mailing Address
861452 N HAMPTON CLUB WAY
FERNANDINA BEACH, FL 32034



03112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number 34-2055129 | 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

LEE, JON C
861452 N HAMPTON CLUB WAY
FERNANDINA BEACH, FL 32034

**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.

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
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000733648
05/09/07-80094-010 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|----------------------------|
| TITLE | PST |
| NAME | LEE, JON C |
| STREET ADDRESS | 861452 N HAMPTON CLUB WAY |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 |

| | |
|----------------|----------------------------|
| TITLE | VP |
| NAME | LEE, LAURI W |
| STREET ADDRESS | 861452 N HAMPTON CLUB WAY |
| CITY-ST-ZIP | FERNANDINA BEACH, FL 32034 |

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| STREET ADDRESS | |
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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

Date

Daytime Phone #

4/22/07 904-548-9931