2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED DOCUMENT # P06000043330 Aug 11, 2008 08:00 AM Secretary of State 1. Entity Name GEORGE D. LANGAS, P.A. Principal Place of Business Mailing Address 27611 PLEASURE RIDE LOOP 27611 PLEASURE RIDE LOOP WESLEY CHAPEL, FL 33543 WESLEY CHAPEL, FL 33543 07162008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANGAS, GEORGE D P DO NOT WRITE 27611 PLEASURE RIDE LOOP IN THIS SPACE WESLEY CHAPEL, FL 33543 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. U00000957443 <u>08/11/03-80001-003-150.0</u>0 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 corporation did not receive the prior notice. Due by September 12, 2008 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS TITLE LANGAS, GEORGE D NAME 27611 PLEASURE RIDE LOOP STREET ADDRESS CITY-ST-ZIP WESLEY CHAPEL, FL 33543 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TATLE NAME STREET ADDRESS 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

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changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: