## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000083036

Entity Name: THE LANGSTON COLLECTION, INC.

CRAWFORDVILLE, FL 32327

City-St-Zip:

FILED Apr 13, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2161 SMITH CREEK RD. 3047 CRAWFORDVILLE HWY. SOPCHOPPY, FL 32358 US CRAWFORDVILLE, FL 32327 US **Current Mailing Address: New Mailing Address:** 2161 SMITH CREEK RD. SOPCHOPPY, FL 32358 US FEI Number: 26-3324575 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANGSTON, KRISTEN E 2161 SMITH CREEK RD SOPCHOPPY, FL 32358 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition LANGSTON, KRISTEN E Name: Name: 2161 SMITH CREEK RD Address: Address: City-St-Zip: SOPCHOPPY, FL 32358 City-St-Zip: ( ) Delete Title: VΡ Title: () Change () Addition BURTON, NAN A Name: Name: 469 RIVER PLANTAION Address: Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KRISTEN LANGSTON P 04/13/2009