


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90302 030 ***150.00

DOCUMENT # P94000067042					
1. Entity Name LANGLEY MACHINERY, INC.					
Principal Place of Business 2983 W. PLANTATION PINES CT LECANTO, FL 34461-9500 US			Mailing Address 2983 W. PLANTATION PINES CT LECANTO, FL 34461-9500 US		
2. Principal Place of Business 3030 S Jean Ave Suite, Apt. #, etc.		3. Mailing Address 3030 S Jean Ave Suite, Apt. #, etc.		04182006 Chg-P CR2E034 (11/05)	
City & State Inverness, FL		City & State Inverness, FL		4. FEI Number 65-0522563 Applied For Not Applicable	
Zip 34450		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANGLEY, ROGER D 2983 W. PLANTATION PINES CT LECANTO, FL 34461-9500			Name Street Address (P.O. Box Number is Not Acceptable) 3030 S Jean Ave City Inverness FL Zip Code 34450		
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 <i>Roger Langley</i> Signature, typed or printed name of registered agent, and title if applicable.			DATE 4/21/06 (NOTE: Registered Agent Signature required when reinstating)		
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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANGLEY, ROGER D 2983 W. PLANTATION PINES CT. LECANTO, FL 34461	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	3030 S Jean Ave Inverness, FL 34450	<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
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: <i>Roger Langley</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE: 4/21/06		352-860-0219 Daytime Phone #