2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 09, 2006 08:00 AM DOCUMENT # P94000091093 Secretary of State 1. Entity Name LANGER & ASSOCIATES OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 8524 EAGLE PRESERVE WAY SARASOTA FL 34241 8524 EAGLE PRESERVE WAY SARASOTA FL 34241 2. Principal Flace of Business 3. Mailing Address Suite, Apt. II, etc. Suite, Apt. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 65-0538855 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LANGER, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 8524 EAGLE PRESERVE WAY SARASOTA FL 34241 City Zip Code 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 hame of repistered agent and title if applicable OATE (NOTE: Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE BILE Detete ☐ Change ☐ Add MARKE LANGER, MICHAEL J NAME 11000003461992 STREET ADDRESS STREET ADDRESS 8524 EAGLE PRESERVE WAY 03/21/06-80017-014 150.00 .CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ITILL ☐ Delicte 7333 F ☐ Change MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete □ Change □ A ··· MAMA NAME STREET ACORESS STREET ADDRESS CHY-ST-ZIP CITY - 51 - 212 TITLE Delete 33315 ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Defete TITLE Change [A. NAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-ST-ZIP Change MILE Delete TITLE □ AC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly the corporation or the receiver or trusteerempowered by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block if changed, or on an attachyrient with an active of the empowered.

Michael J. Langer

SIGNATURE:

FILED