


2008 FOR PROFIT CORPORATION ANNUAL REPORT

| | |
|---|---|
| DOCUMENT # P95000069432 |  |
| 1. Entity Name FRANK L. LANGSTON, P.A. | |

| | |
|---|---|
| Principal Place of Business 1018 THOMASVILLE RD SUITE 200A TALLAHASSEE, FL 32303 | Mailing Address 1018 THOMASVILLE RD SUITE 200A TALLAHASSEE, FL 32303 |
|---|---|

DO NOT WRITE IN THIS SPACE

FILED
2008 APR 30 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04252008 No Chg-P CR2E034 (11/05)

| | |
|-----------------------------|-------------------------------|
| 4. FEI Number 59-3343501 | Applied For Not Applicable |
|-----------------------------|-------------------------------|

| | |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

| |
|--|
| 6. Name and Address of Current Registered Agent LANGSTON, FRANK L 1018 THOMASVILLE RD SUITE 200A TALLAHASSEE, FL 32303 |
|--|

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST LANGSTON, FRANK L 1018 THOMASVILLE RD TALLAHASSEE, FL 32303 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE
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:  FRANK L. LANGSTON, PRESIDENT | Date: 4/22/08 | Daytime Phone #: 850 224 2300 |
|---|---------------|-------------------------------|