





2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90021 047 ***150.00

DOCUMENT # P95000086773 1. Entity Name LANGFORD LAWN SERVICE, INC.					
Principal Place of Business 4630 1ST AVENUE NORTHWEST NAPLES, FL 34119 US			Mailing Address C/O DAVIDSON & NICK, CPAS 2400 TAMiami TRAIL N, #303 NAPLES, FL 34103 US		
2. Principal Place of Business 631 20th STREET S.E.		3. Mailing Address SUITE 201		 03092004 Chg-P CR2E034 (10/03)	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. SUITE 201			
City & State NAPLES, FLORIDA		City & State 			
Zip 34117		Country 			
4. FEI Number 65-0623001				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent LANGFORD, WILLIAM T 4630 1ST AVE. NORTHWEST NAPLES, FL 34119	
7. Name and Address of New Registered Agent Name 					
Street Address (P.O. Box Number is Not Acceptable) 631 20TH STREET S.E.					
City NAPLES State FL Zip Code 34117					
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  WILLIAM TERRY LANGFORD DATE 4/9/04 <small>Signature, typed or printed name of registered agent and applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 P LANGFORD, WILLIAM T 4630 1ST AVENUE NORTHWEST NAPLES, FL 34119		<input type="checkbox"/> Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP 631 20TH STREET S.E. NAPLES, FL 34117	
TITLE NAME STREET ADDRESS CITY-ST-ZIP V LANGFORD, TERESA 4630 1ST AVENUE NORTHWEST NAPLES, FL 34119		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP S LANGFORD, KEN 4630 1ST AVENUE NORTHWEST NAPLES, FL 34119		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP T LANGFORD, BRIAN 4630 1ST AVENUE NORTHWEST NAPLES, FL 34119		<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  WILLIAM TERRY LANGFORD DATE 4/9/04 Daytime Phone # 239-455-3050 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR</small>					