

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90251 016 ***150.00

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DOCUMENT # P95000086773 1. Entity Name LANGFORD LAWN SERVICE, INC.					
Principal Place of Business 631 20TH ST. SE NAPLES, FL 34117 US			Mailing Address C/O DAVIDSON & NICK, CPAS 2400 TAMiami TRAIL N, #303 NAPLES, FL 34103 US		
2. Principal Place of Business 371 27TH STREET N.W. Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc. SUITE #201		04072005 Chg-P CR2E034 (10/03)	
City & State NAPLES, FL		City & State SUITE #201		4. FEI Number 65-0623001	
Zip 34120		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGFORD, WILLIAM T 631 20TH ST. SE NAPLES, FL 34117				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 LANGFORD, WILLIAM T 631 20TH ST. SE NAPLES, FL 34117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANGFORD, TERESA 631 20TH ST. SE NAPLES, FL 34117	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LANGFORD, KEN 631 20TH ST. SE NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LANGFORD, BRIAN 631 20TH ST. SE NAPLES, FL 34117	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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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"/> Delete			
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: <i>William Terry Langford</i> WILLIAM TERRY LANGFORD President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
Date: 4-19-05 Daytime Phone #: (239) 455-3050					