

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000046677	
1. Entity Name P & I LANGER INC.	



Principal Place of Business 4530 DEL SOL BLVD S SARASOTA, FL 34243	Mailing Address 4530 DEL SOL BLVD S SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE

04202005 No Chg-P GR2E034 (10/03)

4. FEI Number 65-0680856	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

**LANGER, PETER D
4530 DEL SOL BLVD S
SARASOTA, FL 34243**

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 _____
Signature based on printed name of registered agent and fee schedule (R01E) Registered Agent Signature required when reappointing DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$350.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. LANGER, PETER D 4530 DEL SOL BLVD S SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LANGER, ILONA 4530 DEL SOL BLVD S SARASOTA, FL 34243
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05/02/05-80146-020 150.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 its receiver or trustee or authorized 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: *Peter D Langer*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/05 (941) 351-9400
Date Date/Time