


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90309 047 ***150.00

DOCUMENT # P97000012926	
1. Entity Name G.W. LANGSTON, INC.	

Principal Place of Business 8635 NW 49TH DRIVE POMPANO BEACH FL 33067	Mailing Address 8635 NW 49TH DRIVE POMPANO BEACH FL 33067
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2. Principal Place of Business 3401-ALADDIN WAY Suite, Apt. #, etc.	3. Mailing Address 3401-ALADDIN WAY Suite, Apt. #, etc.
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City & State POMPANO BEACH, FL Zip 33069 Country Broward	City & State POMPANO BEACH, FL Zip 33069 Country Broward
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4. FEI Number 65-0741378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required



MOORE CR2E034 (11/03)

6. Name and Address of Current Registered Agent LANGSTON, GREG 8635 NORTHWEST 49TH DRIVE POMPANO BEACH FL 33067	7. Name and Address of New Registered Agent Name AGENT REMAINS - LANGSTON, GREG Street Address (P.O. Box Number is Not Acceptable) 3401-ALADDIN WAY City POMPANO BEACH FL Zip Code 33069
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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 GREG LANGSTON <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE 04-26-04 <small>(NOTE: Registered Agent signature required when reissuing)</small>

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE P NAME LANGSTON, GREG STREET ADDRESS 8635 NW 49TH DRIVE CITY-ST-ZIP CORAL SPRINGS FL 33067	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME LANGSTON, GREG STREET ADDRESS 3401-ALADDIN WAY CITY-ST-ZIP POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: GREG LANGSTON <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE 04-26-04 Daytime Phone # 954-275-7562