
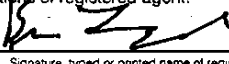



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

03-14-2005 90111 022 ***150.00

DOCUMENT # P97000013183 1. Entity Name LANGDON ACCOUNTING & TAX SERVICE, INC.					
Principal Place of Business 125 FIRST AVENUE NOKOMIS, FL 34275-4242			Mailing Address PO BOX 850 OSPREY, FL 34229-0850		
2. Principal Place of Business 12941 US Hwy 411 Suite, Apt. #, etc.		3. Mailing Address 12941 US Hwy 411 Suite, Apt. #, etc.			
City & State Odenville, Alabama		City & State Odenville, Alabama		4. FEI Number 65-0731120	
Zip 35120-5501		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGDON, ALLEN E PH.D 125 FIRST AVENUE NOKOMIS, FL 34275-4242				7. Name and Address of New Registered Agent Name Brian M. Laughery Street Address (P.O. Box Number is Not Acceptable) 5059 Indian Mound Street City Sarasota FL 34232-2661	
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  March 11, 2005 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	DP LANGDON, ALLEN E PH.D <input type="checkbox"/> Delete 125 FIRST AVENUE NOKOMIS, FL 342754242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, P Langdon, Allen E., Ph.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5059 Indian Mound Street Sarasota, FL 34232-2661	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LANGDON, GRACE R <input type="checkbox"/> Delete 125 FIRST AVENUE NOKOMIS, FL 342754242		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D, S, T Langdon, Grace R. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12941 US Hwy 411 Odenville, AL 35120-5501	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: 			March 11, 2005 (205) 629-5000 <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		

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