

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015031

FILED
Apr 13, 2012
Secretary of State

Entity Name: LANGSTON INSURANCE OF CASSELBERRY, INC

Current Principal Place of Business:

500 SEMORAN BLVD
UNIT 2004
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

500 SEMORAN BLVD
UNIT 2004
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3435266 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LANGSTON, GEORGE E
301 PINEWILD CT
ORLANDO, FL 32828 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: LANGSTON, GEORGE E
Address: 301 PINEWILD CT
City-St-Zip: ORLANDO, FL 32828

Title: VP
Name: LANGSTON, JAYNE H
Address: 301 PINEWILD CT
City-St-Zip: ORLANDO, FL 32828

Title: S/T
Name: GRAY, KIMBERLY L
Address: 6500 GROSVENOR LANE
City-St-Zip: ORLANDO, FL 32835

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GEORGE E LANGSTON

PRES

04/13/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date