

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000015058

FILED
Apr 28, 2009
Secretary of State

Entity Name: LANGSTON INSURANCE OF KISSIMMEE, INC

Current Principal Place of Business:

3260 N. GREENWALD WAY
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

3260 N. GREENWALD WAY
KISSIMMEE, FL 34741 US

New Mailing Address:

FEI Number: 59-3435264

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LANGSTON, GEORGE E
931 W OAK STREET
SUITE 105
KISSIMMEE, FL 34741 US

Name and Address of New Registered Agent:

LANGSTON, GEORGE E
3260 GREENWALD WAY N
KISSIMMEE, FL 34741 US

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: GEORGE E LANGSTON

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LANGSTON, GEORGE E
Address: 500 E HWY 436, STE 16
City-St-Zip: CASSELBERRY, FL 32707

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY L GRAY

S/T

04/28/2009

Electronic Signature of Signing Officer or Director

Date