

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jun 15, 2005 8:00 am
Secretary of State**

05-25-2005 90001 006 *****8.75

06-15-2005 90094 008 ***141.25

DOCUMENT # P97000044448 1. Entity Name THE LANGE FARM, INC.	
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Principal Place of Business 9155 HIGHLAND RIDGE WAY TAMPA, FL 33647	Mailing Address 9155 HIGHLAND RIDGE WAY TAMPA, FL 33647
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DO NOT WRITE IN THIS SPACE



04062005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3453467	Applied For ☒ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LANGE, THOMAS
9155 HIGHLAND RIDGE WAY
TAMPA, FL 33647**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required under retitling)

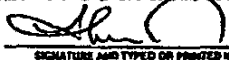
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LANGE, THOMAS NORMAN 9155 HIGHLAND RIDGE WAY TAMPA, FL 33647
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D STEWART LANGE, SUZANNE 9155 HIGHLAND RIDGE WAY TAMPA, FL 33647
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IN THIS SPACE**

12. 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 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:  **Thomas N. Lange** 4.13.05 352.588-4637
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR Date Daytime Phone #