


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000046423

1. Entity Name
ROBERT E. LANGFORD CORPORATION



Principal Place of Business Mailing Address

**300 EAST NEW ENGLAND AVENUE
WINTER PARK, FL 32789** **P.O. BOX 970
WINTER PARK, FL 32790**

DO NOT WRITE IN THIS SPACE



05042004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
59-3450306 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**KANE, STEVEN H
557 NORTH WYMORE ROAD
STE 100
MAITLAND, FL 32751**

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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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	HENRY, R.A.
STREET ADDRESS	300 E NEW ENGLAND AVE
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	DVPS
NAME	LANGFORD, ROBERT L
STREET ADDRESS	300 EAST NEW ENGLAND AVE.
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	DP
NAME	LANGFORD-LIFF, GERALDINE L
STREET ADDRESS	300 EAST NEW ENGLAND AVE.
CITY - ST - ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/07/04-80008-013 150.00

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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: *Robert E. Langford* **Robert E. Langford** **President** **5/5/04** **407 642-4117**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #