


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90438 030 ***150.00

DOCUMENT # P97000046423					
1. Entity Name ROBERT E. LANGFORD CORPORATION					
Principal Place of Business 500 N. MAITLAND AVENUE SUITE 101 MAITLAND, FL 32751			Mailing Address 500 N. MAITLAND AVENUE SUITE 101 MAITLAND, FL 32751		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3450306	
Zip		Country		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KANE, STEVEN H 557 NORTH WYMORE ROAD STE 100 MAITLAND, FL 32751			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 reinstating) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	DVPS	<input type="checkbox"/> Delete	TITLE	DVPS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD, ROBERT L		NAME	Robert L. Langford	
STREET ADDRESS	300 EAST NEW ENGLAND AVE.		STREET ADDRESS	500 N. Maitland Ave, Suite 101	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Maitland, FL 32751	
TITLE	DP	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGFORD-LIFF, GERALDINE L		NAME	Geraldine L. Liff	
STREET ADDRESS	300 EAST NEW ENGLAND AVE.		STREET ADDRESS	500 N. Maitland Ave. Suite 101	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Maitland, FL 32751	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Geraldine L. Liff</i>			Geraldine L. Liff 4/19/06 407 340 5096		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		