2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000038404

1. Entity Name
LANGFORD ENTERPRISES OF VERO BEACH, INC.

Principal Place of Business	Mailing Address
1749 OLD DIXIE HWY. VERO BEACH, FL 32960	4412 5TH PLACE SW VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

04282006   No Chg-P   CR2E034 (11/05)

4. FEI Number
65-0835819

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

LANGFORD, DYANA
131 11TH COURT
VERO BEACH, FL 32962

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_____

Signature, typed or printed name of registered agent and title if applicable   (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. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LANGFORD, DYANA
STREET ADDRESS	131 11TH CT.
CITY-ST-ZIP	VERO BCH, FL 32962

TITLE	VSD
NAME	SANTANGELO, MARK R
STREET ADDRESS	251 11TH COURT
CITY-ST-ZIP	VERO BEACH, FL 32962

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STREET ADDRESS	
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05/12/06-80027-002 150.00

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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: *Mark Santangelo*   04-27-06   (772) 567-6733

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