FROM :ROLLAND FAX NO. :2393538719

FILED
Apr 22, 2004 8:00 am
Secretary of State
04-22-2004 90062 030 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000069495

1. Entity Name
THE LANGTON GROUP, INC.

Principal Place of Business	Mailing Address
542 92ND AVE. N. NAPLES, FL 34108	542 92ND AVE. N. NAPLES, FL 34108

24051170

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04152004 Chg-P CR2E084 (10/03)

3898 9th St. N.	1148 Michigan Ave
Suite, Apt. #, etc. #205	Suite, Apt. #, etc.
City & State Naples, FL	City & State Naples, FL
Zip 34103 Country USA	Zip 34103 Country USA

4. FEI Number 59-3525492 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MIDDAUGH, JOHN F
4100 CORPORATE SQUARE
SUITE 152
NAPLES, FL 34104

7. Name and Address of New Registered Agent

Name Nancy A. Langton
Street Address (P.O. Box Number is not acceptable) 2271 28th Ave S.E.
City Naples FL Zip Code 34114

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, such appointment. Nancy A. Langton 4.20.04

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LANGTON, NANCY	NAME	
STREET ADDRESS	2271 28TH AVE S.E.	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34114	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ 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 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: Nancy A. Langton 4.20.04 239-593-3312
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #