
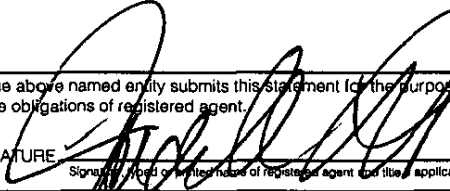
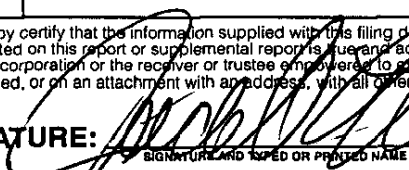


FILED
Mar 17, 2004 8:00 am
Secretary of State

03-17-2004 90031 036 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S26042			
1. Entity Name JACK A. LANGDON, P.A.			
Principal Place of Business 5532 SUNSET LANDING ST. AUGUSTINE, FL 32084		Mailing Address 1093 A1A BEACH BLVD PMB 365 ST. AUGUSTINE, FL 32084	
2. Principal Place of Business 104 SURFVIEW DRIVE		3. Mailing Address	
Suite, Apt., etc. #1601		Suite, Apt., etc.	
City & State PALM COAST, FL		City & State	
Zip 32137	Country USA	Zip 32080	Country
4. FEI Number 59-3047351		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LANGDON, JACK A 5532 SUNSET LANDING ST AUGUSTINE, FL 32084		7. Name and Address of New Registered Agent Name JACK A. LANGDON Street Address (P.O. Box Number is Not Acceptable) 104 SURFVIEW DRIVE City PALM COAST FL Zip Code 32137	
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  JACK A. LANGDON 3/17/04 NOTE: Registered Agent signature required when reinstating.			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD LANGDON, JACK A. 5532 SUNSET LANDING CIRCLE ST. AUGUSTINE, FL 32084 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 104 SURFVIEW DRIVE PALM COAST, FL 32137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  JACK A. LANGDON 3/17/04 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # (904) 471-4703			