

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # S96573

1. Entity Name
LANGFORD GROVES, INC.



FILED

06 SEP 25 AM 9:21

Principal Place of Business
% JAMES H. LANGFORD
2433 BREWER AVE SW
ARCADIA, FL 34266

Mailing Address
JAMES H. LANGFORD
11506 GROVE LANE
SEFFNER, FL 33584

SECRET
TALLAHASSEE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09142006 Chg-P CR2E034 (11/05)

City & State

City & State

4. FEI Number
65-0304633

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGFORD, JAMES H.
11506 GROVE LANE
SEFFNER, FL 33584

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D *President* ☐ Delete
NAME LANGFORD, JAMES H.
STREET ADDRESS 2433 BREWER AVE SW
CITY-ST-ZIP ARCADIA, FL 34266

TITLE *5* *Secretary* ☐ Delete
NAME *FAYE Boucher*
STREET ADDRESS *526 Yukon Dr.*
CITY-ST-ZIP *PT. Charlotte, FL 33948*

TITLE *5* *Langford, Donald* ☐ Delete
NAME *Vice Pres*
STREET ADDRESS *2433 Brewer Ave SW*
CITY-ST-ZIP *ARCADIA, FL 34266*

TITLE *5* *Michelle Morton* ☐ Delete
NAME *Treasurer*
STREET ADDRESS *2460 Quail Tert.*
CITY-ST-ZIP *PT. Charlotte, FL 33981*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *NO* ☐ Change ☐ Addition
NAME *change*
STREET ADDRESS
CITY-ST-ZIP

TITLE *ADD FAYE Boucher* ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *ADD Donald Langford* ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *ADD Michelle Morton* ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 21, 2006

Date

Daytime Phone #