


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # S96573		
1. Entity Name LANGFORD GROVES, INC.		
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	



01082007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0304633	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

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

**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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANGFORD, JAMES H 2433 BREWER AVE SW ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BOUCHER, FAYE 526 YUKON DRIVE PT. CHARLOTTE, FL 33948
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LANDFORD, DONALD 2433 BREWER AVENUE SW ARCADIA, FL 34266
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MORTON, MICHELLE 2460 QUAIL TERRACE PT. CHARLOTTE, FL 33981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/18/07-80042-020 150.00

**DO NOT WRITE
IN THIS SPACE**

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

James Langford 15 Jan 07 813-740-9151

Date

Daytime Phone #