


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S96573</b> 1. Entity Name LANGFORD GROVES, INC.	
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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
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01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0304633	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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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	

1100000783595  
01/16/08-80021-003 150.00

**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: James Langford James Langford 01-13-08 813-740-9151  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #