2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # V02987 1. Entity Name 02-25-2004 90039 042 ***150.00 LANG CONSTRUCTION & MAINTENANCE, INC. Principal Place of Business Mailing Address 3185 S. CONGRESS AVE DELRAY BEACH FL 33445 3185 S. CONGRESS AVE DELRAY BEACH FL 33445 2. Principal Place of Business 3. Mailing Address 31855.Congress 3185 Suite, Apt. #, etc. Suite, Apt. #, etc CR2E034 (11/03) ZIZA 4. FEI Number Applied For City & State City & State 65-0351165 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3445 3 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARROLL, KEVIN M. Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL ٠,٠٠٠ **BOCA RATON FL 33486** 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Addition Delete TITLE TITLE NAME ISAACSON, WILLIAM K NAME 5. Congress AURAUR 5295 TOWN CENTER RD.200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ST ☐ Delete TITLE TITLE ☐ Addition CARROLL, KEVIN M NAME NAME 5295 TOWN CENTER RD 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOGA RATOÑ FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME* STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TOTAL ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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.

FILED