

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90035 003 ***150.00

DOCUMENT # V13717

1. Entity Name
RICHARD P. VON LANGEN, INC.



Principal Place of Business
824 NE 22 DR
WILTON MANORS, FL 33305 US

Mailing Address
824 NE 22 DR
WILTON MANORS, FL 33305 US

40013924



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number

65-0320102

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

ALL FLORIDA FIRM, INC.
465 S. VOLUSIA AVE.
STE. C
ORANGE CITY, FL 32763

7. Name and Address of New Registered Agent

Name Richard P. Von Langen
Street Address (P.O. Box Number is Not Acceptable)

824 N.E. 22 Dr.
City Wilton Manors, FL Zip Code 33305

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 Richard P. Von Langen PVD Richard P. Von Langen 1/24/08
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PVD ☐ Delete
NAME VON LANGEN, RICHARD P.
STREET ADDRESS 824 NE 22 DR
CITY-ST-ZIP WILTON MANORS, FL

TITLE ST ☐ Delete
NAME VON LANGEN, RICHARD P.
STREET ADDRESS 824 NE 22 DR
CITY-ST-ZIP WILTON MANORS, FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10:

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

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

TITLE ☐ Change ☐ Addition
NAME
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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 another like empowered.

SIGNATURE: Richard P. Von Langen PVD Richard P. Von Langen 1/24/08 954-566-9856
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #