


2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90001 015 ***150.00

DOCUMENT # V17127			
1. Entity Name THE LANGHORNE COMPANY			
Principal Place of Business PO BOX 330159 COCONUT GROVE FL 33233 US		Mailing Address PO BOX 330159 COCONUT GROVE FL 33233 US	
2. Principal Place of Business 14641 SW 64 Court Suite, Apt. #, etc.		3. Mailing Address 14641 SW 64 Court Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables, FL	
Zip 33158	Country USA	Zip 33158	Country USA
6. Name and Address of Current Registered Agent LANGHORNE, RICHARD M 848 BRICKELL AVENUE SUITE 630 MIAMI FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 14641 SW 64 Court City Coral Gables FL Zip Code 33158	
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 <u>Richard M. Langhorne, President</u> DATE <u>2/23/04</u> <small>Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGHORNE, RICHARD M. PO BOX 330159 N/A COCONUT GROVE FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/23/04 (305)536-1000
Date Daytime Phone #