2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008
Secretary of State

DOCUMENT# V23060

Entity Name: LANGSTON, HESS, BOLTON, SHEPARD & AUGUSTINE, P.A.

Current Principal Place of Business:

111 S. MAITLAND AVENUE
SUITE 200
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

111 S. MAITLAND AVENUE
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3152951 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHEPARD, CLIFF B III
221 NE IVANHOE BLVD SUITE 205
135 WEST CENTRAL BLVD.
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

SHEPARD, CLIFF B III
111 S. MAITLAND AVE.
MAITLAND, FL 32751 US

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.

SIGNATURE: _____ 02/14/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LANGSTON, HERBERT A.,
Address: 1330 BOYER ST.
City-St-Zip: LONGWOOD, FL 32750

Title: VT ( ) Delete
Name: HESS, JAMES M.,
Address: 737 KAYWOOD DRIVE
City-St-Zip: ORLANDO, FL 32825

Title: S ( ) Delete
Name: BOLTON, BRIAN B.,
Address: 1629 WOOD DUCK DRIVE
City-St-Zip: WINTER SPRINGS, FL 32708

Title: D ( ) Delete
Name: SHEPARD, CLIFF B III
Address: 221 NE IVANHOE BLVD, # 205
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: SHEPARD, CLIFF B III
Address: 2211 LAKE NALLY WOODS DR.
City-St-Zip: GOTHA, FL 34734

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA RIMES FOR LANGSTON, HESS ET. AL. ACCT 02/14/2008
Electronic Signature of Signing Officer or Director — Date