

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 07, 2005 08:00 AM
Secretary of State**

DOCUMENT # 309505

1. Entity Name
L & H LAND CORP



Principal Place of Business —
**2840 NE 7TH AVENUE
POMPANO BEACH, FL 33064**

Mailing Address
**P.O. BOX 50424
LIGHTHOUSE POINT, FL 33074 US**

DO NOT WRITE IN THIS SPACE



02052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1161502

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HENLEY, E.
1791 BLOUNT RD.
BAY 219
POMPANO BCH., FL 33069**

**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 _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HENLEY, E.
STREET ADDRESS	2520 NE 44TH ST.
CITY-ST-ZIP	LIGHTHOUSE PT., FL 33064
TITLE	V
NAME	HENLEY, Z.
STREET ADDRESS	2520 NE 44TH ST.
CITY-ST-ZIP	LIGHTHOUSE PT., FL 33064
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/07/05-80006-021 150.00

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IN THIS SPACE**

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.

SIGNATURE: Eleonora G. Henley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/05

Daytime Phone # _____

E. HENLEY