2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # H48200

1. Entity Name
LANDIS & KANE, P.A.

Principal Place of Business	Mailing Address
TWO LANDMARK CENTER SUITE 600 225 EAST ROBINSON ST. ORLANDO, FL 32801 US	TWO LANDMARK CENTER SUITE 600 225 EAST ROBINSON ST. ORLANDO, FL 32801 US

DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2506354
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LANDIS, DAVID M
TWO LANDMARK CTR
STE 600, 225 E ROBINSON ST
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANDIS, DAVID M.
STREET ADDRESS	STE 600 TWO LANDMARK CENTER 225 ROBINSON S
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	VPSD
NAME	KANE, JON E.
STREET ADDRESS	STE 600, 2 LANDMARK CTR 225 E ROBINSON ST
CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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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 all other like empowered.

SIGNATURE: David M Landis 1/4/07 407 481 3134/31
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #