

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000053047

FILED
Apr 27, 2004
Secretary of State

Entity Name: LANDING FINANCIAL GROUP, INC.

Current Principal Place of Business:

1480 AURORA RD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1480 AURORA RD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 72-1564123 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATES, MITZI B
1520 HARLOCK RD
MELBOURNE, FL 32934 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BATES, MITZI B
Address: 1520 HARLOCK RD
City-St-Zip: MELBOURNE, FL 32934

Title: VD () Delete
Name: SANDNER, PATRICK W
Address: 1722 NW 81ST AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: STD () Delete
Name: WARD, KRISTI A
Address: 4708 S HEMINGWAY CIR
City-St-Zip: MARGATE, FL 33063

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: KRISTI A. WARD

STD

04/27/2004

_____ Electronic Signature of Signing Officer or Director

_____ Date