

ANNUAL REPORT (AR)



DOCUMENT # P93000012981

1. Entity Name

JOSEPH & HELEN LAND COMPANY

FILED
Jan 31, 2007 08:00 AM
Secretary of State

Principal Place of Business 5380 JOE'S CREEK DR. N. ST. PETERSBURG FL 33709	Mailing Address 5380 JOE'S CREEK DR. N. ST. PETERSBURG FL 33709
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2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3170786**

Applied For
Not Applicable

Zip Country

Zip Country

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCGETTIGAN, PATRICE E
5440 JOE'S CREEK DR N
ST. PETERSBURG FL 33709

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EZZO, HELEN MRS	
STREET ADDRESS	5380 JOE'S CREEK DR. N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	VD	<input type="checkbox"/> Delete
NAME	EZZO, JOSEPH DR	
STREET ADDRESS	5380 JOE'S CREEK DR. N	
CITY-ST-ZIP	ST. PETERSBURG FL 33709	
TITLE	D	<input type="checkbox"/> Delete
NAME	EZZO, CHRISTOPHER	
STREET ADDRESS	10244 130TH WAY N	
CITY-ST-ZIP	LARGO FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCGETTIGAN, PATRICE E	
STREET ADDRESS	5440 JOES CR. DR. N.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	U00000612283	
CITY-ST-ZIP	02/02/07-80101-015 150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Helen Ezzo Helen Ezzo*

1/29-07 727 627-7341

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #