

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000104504

Entity Name: W.A. LANDERS COMPANY

FILED
Jul 01, 2004
Secretary of State

Current Principal Place of Business:

1001 ARBOR LAKE DRIVE
APT 604
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

1001 ARBOR LAKE DRIVE
APT 604
NAPLES, FL 34110

New Mailing Address:

FEI Number: 73-0557980

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GEHRKE, CHARLES R
5129 CASTELLO DRIVE
SUITE 1
NAPLES, FL 34103 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LOEFFLER, WALTER
Address: 1001 ARBOR LAKE DRIVE APT 604
City-St-Zip: NAPLES, FL 34110

Title: ST () Delete
Name: LOEFFLER JR, WALTER B
Address: 1001 ARBOR LAKE DRIVE APT 604
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: LOEFFLER, MARGARET A H
Address: 1001 ARBOR LAKE DRIVE APT 604
City-St-Zip: NAPLES, FL 34110

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: WALTER LOEFFLER

DP

07/01/2004

Electronic Signature of Signing Officer or Director

Date