

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 23, 2005 8:00 am**  
**Secretary of State**

03-23-2005 90026 009 \*\*\*150.00

**DOCUMENT # 264788**

1. Entity Name

CAMPUS LANDS CORP.



Principal Place of Business

5800 NW 39TH AVE  
104  
GAINESVILLE FL 32606  
US

Mailing Address

P O BOX 370  
STANFORDVILLE NY 12581  
US

2. Principal Place of Business

6461 ROUTE 82  
Suite, Apt. #, etc.  
STANFORDVILLE, NY  
City & State

3. Mailing Address

P.O. Box 59  
Suite, Apt. #, etc.  
STANFORDVILLE, NY  
City & State



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1009741

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONTEMPORARY MGMT  
5800 NW 39TH AVE  
SUITE 104  
GAINESVILLE FL 32606

7. Name and Address of New Registered Agent

Name  
*Corporate Creations Network, Inc.*  
Street Address (P.O. Box Number is Not Acceptable)  
*11380 Prosperity Farms Rd, #221E*  
City *Palm Beach Gardens* FL Zip Code *33410*

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**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> Delete
NAME	GIARDINO, LUCIE	
STREET ADDRESS	ALGER COURT, RIVERMERE #2B	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WECK, BRIAN	
STREET ADDRESS	P O BOX 370	
CITY-ST-ZIP	STANFORDVILLE NY 12581	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WECK, DIANE	
STREET ADDRESS	P O BOX 370	
CITY-ST-ZIP	STANFORDVILLE NY 12581	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GIARDINO, CAROL	
STREET ADDRESS	ALGER COURT, RIVERMERE #2B	
CITY-ST-ZIP	BRONXVILLE NY 10708	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<i>Chairwoman/Secretary</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<i>President/CEO</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>P.O. Box 59</i>	
CITY-ST-ZIP	<i>STANFORDVILLE, NY 12581</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>P.O. Box 59</i>	
CITY-ST-ZIP	<i>STANFORDVILLE, NY 12581</i>	
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 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:

*Brian Weck* President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #