


# 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**

Zip **12581** Country **USA** Zip **12581** Country **USA**

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)  
**11350 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  **Dawn Stouth, Asst. Sec.** **2/15/05**  
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 **\$5.00** May Be Trust Fund Contribution.  **Added to Fees**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairwoman/Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President/CEO</b> <b>P.O. Box 59</b> <b>STANFORDVILLE, NY 12581</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del><b>P.O. Box 59</b></del> <del><b>STANFORDVILLE, NY 12581</b></del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #