


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2005 08:00 AM
Secretary of State

DOCUMENT # 315308 1. Entity Name LANDIA CHEMICAL CO	
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Principal Place of Business 1405 W. OLIVE STREET LAKELAND, FL 33802 US	Mailing Address % DWIGHT DARBY & CO. 611 MAGNOLIA TAMPA, FL 33606
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01102005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1168640	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MITCHELL, BILLY G.
1405 W. OLIVE STREET
LAKELAND, FL

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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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MITCHELL, BILLY G. 1405 W. OLIVE STREET LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GRAHN, WALTER G 1405 W OLIVE ST LAKELAND, FL
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04/02/05-80018-008 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Billy G Mitchell BILLY G MITCHELL MAR 30 '05 870 9388614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRES. Date Daytime Phone #