## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #353410**

1. Entity Name

LANDERS-STEIN INSURANCE AGENCY, INC



FILED
Mar 30, 2007 08:00 A
Secretary of State

Principal Place of Business

321 GRANELLO AVENUE CORAL GABLES, FL 33146 Mailing Address

321 GRANELLO AVENUE CORAL GABLES, FL 33146



## DO NOT WRITE IN THIS SPACE

03292007 No Chg-P CR2E034 (11/05)

4. FEt Number Applied For S9-1271885 Applied For Not Applicable

5. Certificate of Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PREUSS, DIANE J 321 GRANELLO AVENUE CORAL GABLES, FL 33146

## DO NOT WRITE

					Topological Control of the Control o	
	named entity submits this statement for the plons of registered agent.	urpose of changing its re	gistered offic	e or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title in	applicable. (NOTE: R	legistered Agent s	ignature	required when reinstating)	DATE
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Trust Fund Contribu					\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	TORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PREUSS, DIANE J 321 GRANELLO AVENUE CORAL GABLES, FL 33146		-11	•, •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LANDERS, ROBIN S 321 GRANELLO AVENUE CORAL GABLES, FL 33146			<b>'</b> 1		UD0000683489 04/05/07-80044-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	ą.	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•		i.	Α.	in.	THIS SPACE
TITLE NAME STREET ADDRESS						

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 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 out rustee empowered to expecte 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 time ampowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/67 305-446-8/7