

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # 504238

1. Entity Name
THE LANDIS GROUP INCORPORATED



Principal Place of Business
4800 RIVERSIDE DR.
PALM BEACH GARDENS, FL 33410

Mailing Address
4800 RIVERSIDE DR.
BLDG. 500 A
PALM BEACH GARDENS, FL 33410



04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1671631

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDIS, STEPHEN
4800 RIVERSIDE DR.
STE 200
PALM BEACH GARDENS, FL 33410

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IN THIS SPACE

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

04/29/06-80160-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	LANDIS, STEPHEN
STREET ADDRESS	19923 WILKINSON LEAS RD
CITY-ST-ZIP	TEQUESTA, FL
TITLE	MP
NAME	POSSEN, ROBERT
STREET ADDRESS	7954 FAIRWAY LANE
CITY-ST-ZIP	WEST PALM BEACH, FL 33412
TITLE	V
NAME	COLESON, CHARLES K
STREET ADDRESS	4800 RIVERSIDE DR
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles K. Coleson 4/10/07 561-630-7520
Date Daytime Phone #