


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 530434</b> 1. Entity Name <b>LANDERS &amp; PARTNERS, INC.</b>	
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Principal Place of Business <b>10051 5TH STREET NORTH, #106 ST. PETERSBURG, FL 33702 US</b>	Mailing Address <b>10051 5TH STREET NORTH, #106 ST. PETERSBURG, FL 33702 US</b>
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**DO NOT WRITE IN THIS SPACE**



02062007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1732315</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**TANZI, BERNIE  
416 36TH AVENUE N.E.  
ST. PETERSBURG, FL 33704**

**DO NOT WRITE  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000629600 02/19/07-80003-018 150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P TANZI, BERNIE 416 36TH AVE NE ST. PETERSBURG, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V DARR, MICHELLE 10412 BRENTFORD DRIVE TAMPA, FL 33626</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
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 Date Daytime Phone #