


CR# 124 10 APR 2006 \$158.75

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 543475</b> 1. Entity Name LAN DEVELOPMENT COMPANY	
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Principal Place of Business 3939 BLOOMING HILL LANE PALM HARBOR, FL 34684 US	Mailing Address 3939 BLOOMING HILL LANE PALM HARBOR, FL 34684 US
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**DO NOT WRITE IN THIS SPACE**



01262006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1761338	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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**6. Name and Address of Current Registered Agent**

MONA, MICHAEL P. N. 3939 BLOOMING HILL LANE PALM HARBOR FL, FL 34684
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**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 re-registering) 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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MONA, MICHAEL P N 3939 BLOOMING HILL LANE PALM HARBOR, FL 34684
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MONA, NELLY E. 3939 BLOOMING HILL LANE PALM HARBOR, FL 34684
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04/26/06-80095-020 158.75

**DO NOT WRITE  
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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:** Michael P. N. Mona **MICHAEL P. N. MONA** 10 APR 2006 727-785-1081  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #