\$ 15825 CK# 286 16JAN 2008 FILED

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 543475

1. Entity Name
LAN DEVELOPMENT COMPANY



FILED Jan 24, 2008 08:00 Al Secretary of State

Principal Place of Business

3939 BLOOMING HILL LANE PALM HARBOR, FL 34684 U Mailing Address

3939 BLOOMING HILL LANE PALM HARBOR, FL 34684

01102008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1761338

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

MONA, MICHAEL P. N. 3939 BLOOMING HILL LANE PALM HARBOR FL, FL 34684

DO NOT WRITE IN THIS SPACE

PALM HARBOR FL, FL 34684				IN THIS SPACE		
	named entity submits this statement for the ptions of registered agent.	urpose of changing its register	red office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	_
SIGNATURE_	Signature, typed or printed name of registered agent and lide if	f applicable (NOTE: Registere	ed Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Final Trust Fund Contribution.		\$5.00 May Be Added to Fees		_
10.	OFFICERS AND DIREC	TORS .	. I			-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT MONA, MICHAEL P N 3939 BLOOMING HILL LANE PALM HARBOR, FL 34684				U00000796120 01/29/08-80019-021 158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS MONA, NELLY E. 3939 BLOOMING HILL LANE PALM HARBOR, FL 34684					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN ⁻	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		•				

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 1911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6 JAN 200

727-785-1081

Daytime Phone #