

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 601817

FILED
Apr 10, 2006
Secretary of State

Entity Name: LANDIS GRAHAM FRENCH, P.A.

Current Principal Place of Business:

145 EAST RICH AVENUE
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

145 EAST RICH AVENUE
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-1284890

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHERMAN, WILLIAM E
145 EAST RICH AVENUE
DELAND, FL 32724 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHERMAN, WILLIAM E PRESIDE
Address: 145 EAST RICH AVENUE
City-St-Zip: DELAND, FL 32724 US

Title: VD () Delete
Name: DYKES, JOE G VICE PR
Address: 145 E RICH AVENUE
City-St-Zip: DELAND, FL 32724 US

Title: SD () Delete
Name: MASTERS, SAM N SECRETA
Address: 444 SEABREEZE BLVD.
City-St-Zip: DAYTONA BEACH, FL 32118 US

Title: TD () Delete
Name: OTTINGER, WILLIAM A TREASUR
Address: 1555 SAXON BLVD., SUITE 204
City-St-Zip: DELTONA, FL 32725 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM E. SHERMAN

PD

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date