


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 646871 1. Entity Name LANDE CORPORATION	
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Principal Place of Business
**3652 RIVER HALL DR.
JACKSONVILLE, FL 32217**

Mailing Address
**3652 RIVER HALL DR.
JACKSONVILLE, FL 32217**



06242004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1967800	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, MICHAEL L
218 E. ASHELY STREET
JACKSONVILLE, FL 32202**

**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

Signature, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENBERG, JUDITH L 3652 RIVER HALL DR JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD EISENBERG, CAL 3652 RIVER HALL DR JACKSONVILLE, FL
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07/01/04-80003-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

CALEISENBERG

6-24-04 (904) 739-3236