

**2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 15, 2004 8:00 am**  
**Secretary of State**

03-15-2004 90035 035 \*\*\*150.00

**DOCUMENT # 673283**  
 1. Entity Name  
**INTERNATIONAL LAND ENTERPRISES, INC.**



Principal Place of Business      Mailing Address  
 1933 OREGON TRAIL      1933 OREGON TRAIL  
 ENGLEWOOD FL 34224      ENGLEWOOD FL 34224  
 US      US

2. Principal Place of Business      3. Mailing Address  
**1959 OREGON TRAIL**      **1959 OREGON TRAIL**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



MOORE CR2E034 (11/03)

City & State      City & State  
**Englewood, FL**      **Englewood, FL**  
 Zip      Country      Zip      Country  
**34224**      **US**      **34224**      **US**

4. FEI Number      Applied For  
**59-2123451**       Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**SCHAUB, THOMAS H.**  
**1933 OREGON TRAIL**  
**ENGLEWOOD FL 34224**

7. Name and Address of New Registered Agent  
 Name **SCHAUB, THOMAS H.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1959 OREGON TRAIL**  
 City **Englewood, FL**      Zip Code **34224**

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 *Thomas H. Schaub*      **THOMAS H. SCHAUB**      **3/10/04**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SCHAUB, THOMAS H	
STREET ADDRESS	1933 OREGON TRAIL	
CITY-ST-ZIP	ENGLEWOOD, FL 00000	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SCHAUB, NANCYE CAROL	
STREET ADDRESS	1933 OREGON TRAIL	
CITY-ST-ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1959 OREGON TRAIL</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>1959 OREGON TRAIL</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Thomas H. Schaub*      **THOMAS H. SCHAUB**      **3/10/04**      **(941) 474-4306**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #  
**PRESIDENT**