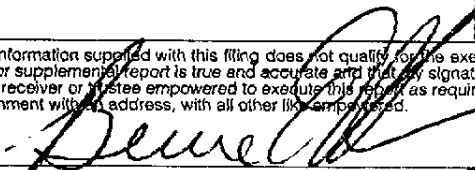


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F32921 1. Entity Name LAND HO OF TAMPA BAY, INC.			
Principal Place of Business 6802 W. HILLSBOROUGH SUITE 5 TAMPA, FL 33634 US		Mailing Address 6802 W. HILLSBOROUGH SUITE 5 TAMPA, FL 33634 US	
DO NOT WRITE IN THIS SPACE		 03222006 No Chg-P CR2E034 (11/05)	
4. FEI Number 59-2174115		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MANNY, BRUCE, E 7404 SEAGULL WAY TAMPA, FL 33635		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 title if applicable (NOTE: Registered Agent signature required when reinstating) 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		000000503378 04/26/06-80029-021 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT MANNY, BRUCE E 7404 SEAGULL WAY TAMPA, FL 33635	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MANNY, EDWARD A 201 E. SHORE DR P.O. BOX 479 OLDSMAR, FL 34677		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MANNY, BRUCE 7404 SEAGULL WAY TAMPA, FL 33635		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 companies.			
SIGNATURE: 		4-5-06 Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	