


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F67225 1. Entity Name LANDCOM INC.						<div style="text-align: center;"> FILED 04 MAY -6 PM 6:37 SECRETARY OF STATE TALLAHASSEE, FLORIDA </div>	
Principal Place of Business 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US				Mailing Address 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 59-2287001				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TOOMEY, MARY A. 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224				7. Name and Address of New Registered Agent Name Nanette Putnam Orlins Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 <i>Nanette Putnam Orlins</i> DATE 4-28-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00				9. Election Campaign Financing. Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE VST <input checked="" type="checkbox"/> Delete NAME TOOMEY, MARY A STREET ADDRESS 4314 PABLO OAKS CT. CITY-ST-ZIP JACKSONVILLE, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE PD <input type="checkbox"/> Delete NAME O'STEEN H. KENNETH JR STREET ADDRESS 4314 PABLO OAKS CT. CITY-ST-ZIP JACKSONVILLE, FL				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME 100036080891 STREET ADDRESS 05/12/04--01013--013 **793.75 CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE VST <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME Charles R. Johnson STREET ADDRESS 4314 Pablo Oaks Ct CITY-ST-ZIP Jacksonville, FL 32224			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-ST-ZIP				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP			
TITLE <input type="checkbox"/> Delete 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4-28-04 Daytime Phone # 904-992-3700			