


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F76275</b> 1. Entity Name LAND RESEARCH MANAGEMENT, INC.	
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Principal Place of Business 2240 PALM BEACH LAKES BLVD SUITE 103 WEST PALM BEACH, FL 33409	Mailing Address 2240 PALM BEACH LAKES BLVD SUITE 103 WEST PALM BEACH, FL 33409
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01072005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2191966	Applied For (Not Applicable)
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  FLEISCHMANN, JAMES P 2240 PALM BEACH LAKES BLVD SUITE 103 WEST PALM BEACH, FL 33409
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**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, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD MCGINLEY, KEVIN G 2450 PALM ROAD WEST PALM BEACH, FL 33406
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VTD FLEISCHMANN, JAMES P 121 RAINTREE TRAIL JUPITER, FL 33458
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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02/07/05-80022-016 150.00

**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)(f), 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: James P. Fleischmann  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/05 (561) 686-2481  
Date Daytime Phone #