


2006 FOR PROFIT CORPORATION ANNUAL REPORT

E 243015
FILED

Mar 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F96000002074	
1. Entity Name LANDSAFE CREDIT, INC.	

Principal Place of Business 7105 CORPORATE DRIVE PLANO, TX 75024	Mailing Address 7105 CORPORATE DRIVE, PTX C 87 ATTN: JOE ALAN PLANO, TX 75024
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02092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 95-4579803	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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBD KURLAND, STANDFORD L 4500 PARK GRANADA CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOO BOLAND, STEVE 1515 WALNUT GROVE ROSEMEAD, CA 91770
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BLANCHARD, DON 7105 CORPORATE DR. PLANO, TX 75024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO KLIER, GIL 8521 FALLBROOK AVE. WEST HILLS, CA 91304
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SCHAKETT, JACK 4500 PARK GRANADA AVE. CALABASAS, CA 91302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JONES, DOUGLAS E 8511 FALLBROOK AVE. WEST HILLS, CA 91304

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03/13/06-R0014-023 150.00

**DO NOT WRITE
IN THIS SPACE**

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 empowered.

SIGNATURE:

D. Blanchard, Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/06 972-526-6630