

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2007 08:00 AM
Secretary of State



DOCUMENT # G14162

1. Entity Name
VAN LANDINGHAM, DURSCHER & VAN LANDINGHAM, INC.

Principal Place of Business
 201 SE 2ND AVE
 SUITE 203
 GAINESVILLE FL 32601

Mailing Address
 201 SE 2ND AVE
 SUITE 203
 GAINESVILLE FL 32601



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State

City & State

4. FEI Number **59-2266753**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DURSCHER, LYNN M
 201 SE 2ND AVE
 SUITE 203
 GAINESVILLE FL 32601

Name

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

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, 2007 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: **DPT** Delete
 NAME: **DURSCHER, LYNN**
 STREET ADDRESS: **201 SE 2ND AVE SUITE 203**
 CITY-STATE-ZIP: **GAINESVILLE FL 32601**

Change Addition
 U00000708998
 04/24/07-80137-019 150.00

TITLE: **DVS** Delete
 NAME: **VAN LANDINGHAM, CYNTHIA L**
 STREET ADDRESS: **201 SE 2ND AVE SUITE 203**
 CITY-STATE-ZIP: **GAINESVILLE FL 32601**

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-STATE-ZIP:

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Lynn Durscher

LYNN DURSCHER

4-10-07 352-371-1537