

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 09, 2008 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
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04022008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-2266753</b>	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

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

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000888057  
 04/21/08-80045-004 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT DURSCHER, LYNN 201 SE 2ND AVE SUITE 203 GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS VAN LANDINGHAM, CYNTHIA L 201 SE 2ND AVE SUITE 203 GAINESVILLE, FL 32601
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**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:** *Lynn Durscher* **LYNN DURSCHER** **4-7-08** **352-371-1537**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #