2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # G23569

1. Entity Name

LAND FORMATIONS, INCORPORATED



US

FILED Jan 28, 2004 08:00 AM Secretary of State

Principal Place of Business

327 CHESSER RD

HOLLISTER, FL 32147 US

Mailing Address

P.O. BOX 860

HOLLISTER, FL 32147

01072004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2254685

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DINGMON, CHARLES E. 327 CHESSER RD HOLLISTER, FL 32147

SIGNATURE:

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 little if applicable. (NOTE Registered Agent signature required when reinstating)						
FILE NOWI!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS		·· · · · · · · · · · · · · · · · · · · 	}	
TITLE NAME STREET ADDRESS CITY ST-ZIP	PSTD DINGMON, CHARLES E P.O. BOX 860 HOLLISTER, FL 32147				U00000017252	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/28/04-80087-022 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<i>C</i>				
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 eath, that I am an officer or director of the corporation or the regiever or nuclear 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 wite of address, with all other like empowered.						