


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 04, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90163 027 \*\*\*158.75

<b>DOCUMENT # H03068</b> 1. Entity Name <b>LANDERS-ATKINS PLANNERS, INC.</b>																																															
Principal Place of Business <b>201 N.HOGAN ST.,#400 JACKSONVILLE, FL 32202</b>			Mailing Address <b>8404 INDIAN HILLS DR. OMAHA, NE 68114</b>																																												
2. Principal Place of Business <b>200 W. Forsyth St.</b>			3. Mailing Address 																																												
Suite, Apt. #, etc. <b>Suite 800</b>			Suite, Apt. #, etc. 																																												
City & State <b>Jacksonville, FL</b>			City & State 																																												
Zip <b>32202</b>		Country <b>USA</b>		Zip 																																											
Country 		Zip 		Country 																																											
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name 																																											
				Street Address (P.O. Box Number is Not Acceptable) 																																											
				City 																																											
				<b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>																																															
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																												
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 40%; padding: 2px;">           VP  <b>ATKINS, THOMAS</b>  <b>1721 UNIVERSITY BLVD W</b>  <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete         </td> <td style="width: 30%; padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;">           VP  <b>WORSHAM, CAROL C</b>  <b>4112 GARIBALDI AVE</b>  <b>JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;">           VP  <b>EHARDT, JOSEPH J</b>  <b>4859 JAYBIRD CIRCLE N</b>  <b>JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;">           DP  <b>LITTLE, GEORGE A</b>  <b>2802 N 160TH STREET</b>  <b>OMAHA, NE 68116</b> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;">           S  <b>PACHMAN, LOUIS J</b>  <b>5008 CHICAGO STREET</b>  <b>OMAHA, NE 68132</b> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="padding: 2px;">           T  <b>LACEY, WENDY L</b>  <b>6804 N 106TH CIRCLE</b>  <b>OMAHA, NE 68122</b> <input type="checkbox"/> Delete         </td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td colspan="3" style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>ATKINS, THOMAS</b> <b>1721 UNIVERSITY BLVD W</b> <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>WORSHAM, CAROL C</b> <b>4112 GARIBALDI AVE</b> <b>JACKSONVILLE, FL 32210</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <b>EHARDT, JOSEPH J</b> <b>4859 JAYBIRD CIRCLE N</b> <b>JACKSONVILLE, FL 32257</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP <b>LITTLE, GEORGE A</b> <b>2802 N 160TH STREET</b> <b>OMAHA, NE 68116</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <b>PACHMAN, LOUIS J</b> <b>5008 CHICAGO STREET</b> <b>OMAHA, NE 68132</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			TITLE NAME STREET ADDRESS CITY - ST - ZIP	T <b>LACEY, WENDY L</b> <b>6804 N 106TH CIRCLE</b> <b>OMAHA, NE 68122</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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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 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.																																															
<table style="width:100%;"> <tr> <td style="width: 30%;">SIGNATURE: <u>Wendy L Lacey</u></td> <td style="width: 30%; text-align: center;">Wendy L. Lacey, Treasurer</td> <td style="width: 20%; text-align: center;">4/21/05</td> <td style="width: 20%; text-align: center;">402-399-1000</td> </tr> <tr> <td style="text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></td> <td style="text-align: center;"><small>Date</small></td> <td colspan="2" style="text-align: center;"><small>Daytime Phone #</small></td> </tr> </table>						SIGNATURE: <u>Wendy L Lacey</u>	Wendy L. Lacey, Treasurer	4/21/05	402-399-1000	<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>																																			
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30047260



04222005 Chg-P CR2E034 (10/03)

4. FEI Number <b>59-2384249</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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ATTACHMENT  
50043260  
Landers-Atkins Planners, Inc.  
FID: 59-2384249  
Document # H03068

Directors / Officers

Resident Address

George A. Little, Director  
President

2802 N. 160<sup>th</sup> Street  
Omaha, NE 68116

Thomas W. Atkins  
Vice President

1721 University Blvd. W  
Jacksonville, FL 32217

Joseph Ehardt, Jr.  
Vice President

4859 Jaybird Circle N  
Jacksonville, FL 32257

Carol C. Worsham  
Vice President

4112 Garibaldi Avenue  
Jacksonville, FL 32210

Louis J. Pachman  
Secretary

5008 Chicago Street  
Omaha, NE 68132

Wendy L. Lacey  
Treasurer

6804 N. 106<sup>th</sup> Circle  
Omaha, NE 68122