

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90261 043 ***158.75

DOCUMENT # H03068

1. Entity Name
LANDERS-ATKINS PLANNERS, INC.



Principal Place of Business

**200 W FORSYTH ST
SUITE 800
JACKSONVILLE, FL 32202**

Mailing Address

**8404 INDIAN HILLS DR.
OMAHA, NE 68114**

DO NOT WRITE IN THIS SPACE



04172007 No Chg-P CR2E034 (11/05)

4. FEI Number

59-2384249

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME ATKINS, THOMAS
STREET ADDRESS 1721 UNIVERSITY BLVD W
CITY-ST-ZIP JACKSONVILLE, FL 32217

TITLE VP
NAME WORSHAM, CAROL C
STREET ADDRESS 4112 GARIBALDI AVE
CITY-ST-ZIP JACKSONVILLE, FL 32210

TITLE VP
NAME EHARDT, JOSEPH J
STREET ADDRESS 4859 JAYBIRD CIRCLE N
CITY-ST-ZIP JACKSONVILLE, FL 32257

TITLE DP
NAME LITTLE, GEORGE A
STREET ADDRESS 2802 N 160TH STREET
CITY-ST-ZIP OMAHA, NE 68116

TITLE S
NAME PACHMAN, LOUIS J
STREET ADDRESS 5008 CHICAGO STREET
CITY-ST-ZIP OMAHA, NE 68132

TITLE T
NAME LACEY, WENDY L
STREET ADDRESS 6804 N 106TH CIRCLE
CITY-ST-ZIP OMAHA, NE 68122

**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:

Wendy L. Lacey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer

4/17/2007

Date

402-399-1000

Daytime Phone #

Wendy L. Lacey