2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2009
Secretary of State

DOCUMENT# H03068

Entity Name: LANDERS-ATKINS PLANNERS, INC.

Current Principal Place of Business:

200 W FORSYTH ST
SUITE 800
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

8404 INDIAN HILLS DR.
OMAHA, NE 68114

New Mailing Address:

FEI Number: 59-2384249 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	ATKINS, THOMAS W	
Address:	1186 WARDS PLACE	
City-St-Zip:	JACKSONVILLE, FL 32259	
Title:	VP	( ) Delete
Name:	WORSHAM, CAROL C	
Address:	4112 GARIBALDI AVE	
City-St-Zip:	JACKSONVILLE, FL 32210	
Title:	VP	( ) Delete
Name:	EHARDT, JOSEPH J	
Address:	4859 JAYBIRD CIRCLE N	
City-St-Zip:	JACKSONVILLE, FL 32257	
Title:	DP	( ) Delete
Name:	LITTLE, GEORGE A	
Address:	2802 N 160TH STREET	
City-St-Zip:	OMAHA, NE 68116	
Title:	S	( ) Delete
Name:	PACHMAN, LOUIS J	
Address:	5008 CHICAGO STREET	
City-St-Zip:	OMAHA, NE 68132	
Title:	T	( ) Delete
Name:	LACEY, WENDY L	
Address:	6804 N 106TH CIRCLE	
City-St-Zip:	OMAHA, NE 68122	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WENDY L LACEY T 04/18/2009

Electronic Signature of Signing Officer or Director — Date