


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2007 08:00 A
Secretary of State

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| DOCUMENT # H59192 | |  |
| 1. Entity Name CENTER LANDS PLANNING AND DEVELOPMENT CORPORATION | | |
| Principal Place of Business 722 SHORE DRIVE EAST OLDSMAR, FL 34677 US | | Mailing Address PO BOX 298 OLDSMAR, FL 34677 US |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent SWAIN, BRUCE T. 722 SHORE DRIVE E OLDSMAR, FL 34677 | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | U00000675772 03/30/07-80033-006 150.00 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DO NOT WRITE IN THIS SPACE | |
| PD SWAIN, BRUCE T. 722 SHORE DR. E. OLDSMAR, FL 34677 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| DVPS MOREDA, LYDIA 722 SHORE DR. E. OLDSMAR, FL 34677 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 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: <u><i>Lydia Moreda</i></u> LYDIA MOREDA | | <u>3/18/07</u> 813-917-1841 |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> |