


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 19, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H73651</b>	
1. Entity Name CLIFFORD F. LANDRESS, P.A.	

Principal Place of Business 5950 S.W. 1ST LANE OCALA, FL 34474	Mailing Address 5950 S.W. 1ST LANE OCALA, FL 34474
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01042005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2565489	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  LANDRESS, CLIFFORD F 13115 W. HIGHWAY 328 OCALA, FL 34482
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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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV LANDRESS, CLIFFORD F 13115 W. HIGHWAY 328 OCALA, FL 34482
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST LANDRESS, LINDA S 13115 WEST HWY. 328 OCALA, FL 34482
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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 807, 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:** Linda S Landress 2/12/05 352-861-6975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #