

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # H77824**

1. Entity Name  
**LANDERS & PARSONS, P.A.**



Principal Place of Business  
**310 W. COLLEGE AVENUE  
P.O. BOX 271  
TALLAHASSEE, FL 32302-0271**

Mailing Address  
**310 W. COLLEGE AVENUE  
P.O. BOX 271  
TALLAHASSEE, FL 32302-0271**



07052006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2581204**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**PARSONS, PHILIP S.  
310 E. COLLEGE AVENUE  
TALLAHASSEE, FL 32301**

**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: *Philip S. Parsons*

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  
Due by September 8, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME LANDERS, JOSEPH W., JR.  
STREET ADDRESS 5009 BRILL PT RD  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE SD  
NAME LAVIA, JOHN T III  
STREET ADDRESS 1503 LEE AVENUE  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VPD  
NAME WRIGHT, ROBERT SCHEFFE  
STREET ADDRESS 3686 DWIGHT DAVIS DR  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VPD  
NAME PARSONS, PHILIP S.  
STREET ADDRESS 2086 W. FOREST DR.  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE VPD  
NAME DEE, DAVID S  
STREET ADDRESS 234 N ROSEHILL DR  
CITY-ST-ZIP TALLAHASSEE, FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000568484  
07/07/06-80010-016 150.00

**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: *Philip S. Parsons V.P.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/05/06 850-222-3673  
Daytime Phone #

*Philip S. Parsons, V.P.*