

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # J60347**

1. Entity Name  
**LAND & BUILDINGS INVESTMENT, INC.**



Principal Place of Business  
**1881 NE 26TH STREET  
STE 201  
FORT LAUDERDALE, FL 33305**

Mailing Address  
**1881 NE 26TH STREET  
STE 201  
FORT LAUDERDALE, FL 33305 US**



04212005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2687019**

Applied For  
Not Applicable

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

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

**TRICK, WILLIAM WATSON, JR.  
1216 E ATLANTIC BLVD  
STE 7  
POMPANO BEACH, FL 33060**

**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, 2005 Fee will be \$550.00**

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

**U00000351372  
05/02/05-80143-003 150.00**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GULDSTRAND, INGVAR G 3430 GALT OCEAN DR. APT 702 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST ANDERSON, E J 1881 NE 26 STREET SUITE 201 WILTON MANORS, FL 33334
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRICK, WILLIAM W JR 660 S. FEDERAL HWY 3RD FLOOR POMPANO BEACH, FL 33062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** E. J. Anderson **E. J. Anderson, Secretary**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**4/29/05**  
Daytime Phone #