## 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Feb 10, 2004 8:00 am DOCUMENT # J75071 **Secretary of State** Entity Name 02-10-2004 90015 015 \*\*\*158.75 LANDAU ENTERPRISES, INC. Principal Place of Business Mailing Address 722 N. SEGRAVE STREET 722 N. SEGRAVE STREET DAYTONA BEACH FL 32114 DAYTONA BEACH FL 32114 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 59-2806863 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANDAU, GLENN D. Street Address (P.O. Box Number is Not Acceptable) 722 NORTH SEGRAVE STREET DAYTONA BEACH FL 32114 Zip Code 8. The above named entity symp nt 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 name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President - Tresurer George Landau 722 North Segrave St. THE ☐ Delete TITLE Change LANDAU, GLENN D. NAME NAME STREET ADDRESS 722 N. SEGRAVE STREET STREET ADDRESS CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-7(P DayTona Beach, 7L. 32114 vice President - Secretary TITLE ☐ Delete TITLE NAME LANDAU, GEORGE NAME Glenn Landau STREET ADDRESS 722 SEGRAVE STREET STREET ADDRESS 722 NORTH SEGRAVE ST. CITY-ST-ZIP DAYTONA BEACH FL 32114 CITY-ST-ZIP DayTona Beach, FL. 32114 TITLE --- 🔲 Change Delete TITLE ☐ Addition NAME LANDAU, LENORE NAME STREET ADDRESS 722 SEGRAVE STREET-STREET ADDRESS Deceased CITY-ST-ZIP DAYTONA BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78 ☐ Delete TITLE TIT! F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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changed, or on an attachment with an address, with all other like empowered.

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if