

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90111 050 \*\*\*150.00

**DOCUMENT # J76924**

1. Entity Name  
**LANDCO CONSTRUCTION, INC.**



Principal Place of Business  
**333 S. TAMIAMI TRAIL, SUITE 101**  
**VENICE, FL 34285 US**

Mailing Address  
**333 S. TAMIAMI TRAIL, SUITE 101**  
**VENICE, FL 34285 US**



2. Principal Place of Business - No P.O. Box #  
**333 South Tamiami Trail**

3. Mailing Address  
**333 South Tamiami Trail**

Suite, Apt. #, etc.  
**Suite 203**

04302008 Chg-P CR2E034 (12/06)

City & State  
**Venice, FL**

City & State  
**Venice, FL**

Zip Country  
**34285 US**

Zip Country  
**34285 US**

4. FEI Number  
**59-2811809**

Applied For  
 Not Applicable

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

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

**MILLER, MICHAEL W.**  
**333 S. TAMIAMI TRAIL, STE. 101**  
**VENICE, FL 34285**

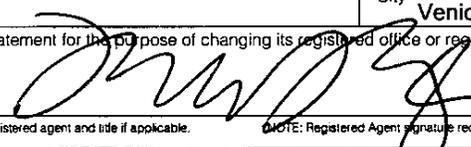
**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**333 South Tamiami Trail, Suite 203**

City **Venice** State **FL** Zip Code **34285**

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  DATE **5/1/08**

Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

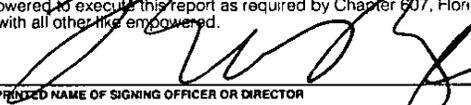
**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MILLER, MICHAEL W. 333 S. TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD PARRISH, JAYNE E 333 S. TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MILLER, TIMOTHY D 333 S. TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	333 South Tamiami Trail, Suite 203 Venice, FL 34285	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **5/1/08** DAYTIME PHONE # **9414411651**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR