

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J81353

FILED
Apr 05, 2005
Secretary of State

Entity Name: LAND PLANNERS & ASSOCIATES, INC.

Current Principal Place of Business:

201 ADDISON WAY
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

201 ADDISON WAY
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 59-2946920

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PETERSON, SID C. JR
418 CANAL ST.
NEW SMYRNA BEACH, FL 32069 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILLIAMS, DALE L.,
Address: 2248 STATE RD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: D () Delete
Name: WILLIAMS, DALE L.,
Address: 2248 STATE RD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: S () Delete
Name: WILLIAMS, DALE L.,
Address: 2248 STATE RD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: VPT () Delete
Name: LEDFORD, MARK D.
Address: 309 WILD ORANGE DRIVE
City-St-Zip: NEW SMYRNA, FL 32168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DALE L. WILLIAMS

P

04/05/2005

Electronic Signature of Signing Officer or Director

Date