


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90052 032 ***150.00

DOCUMENT # J82147

1. Entity Name
LANDRUM COMPANIES, INC.



Principal Place of Business
**6723 PLANTATION RD.
 PENSACOLA, FL 32504 US**

Mailing Address
**P. O. BOX 15700
 PENSACOLA, FL 32514 US**

40018018



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01052005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
59-2827838

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LANDRUM, H. BRITT JR.
 6723 PLANTATION RD
 PENSACOLA, FL 32504**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (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**

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | LANDRUM, H. BRITT JR. | |
| STREET ADDRESS | 6723 PLANTATION ROAD | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | LANDRUM, ELIZABETH N | |
| STREET ADDRESS | 6723 PLANTATION RD | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | VP | <input type="checkbox"/> Delete |
| NAME | PERKINS, MICHAEL A | |
| STREET ADDRESS | 6723 PLANTATION ROAD | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | CFO | <input type="checkbox"/> Delete |
| NAME | REMKE, ADADRIAN P | |
| STREET ADDRESS | 6723 PLANTATION RD | |
| CITY-ST-ZIP | PENSACOLA, FL 32504 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-----------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | Remke, Adrian P | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

SIGNATURE: *[Signature]* **VP** **1-25-05** **(850) 477-7022**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Michael A Perkins** Date Daytime Phone #