
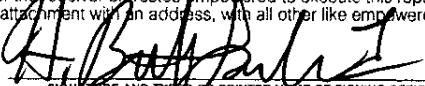


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90009 016 \*\*\*150.00

<b>DOCUMENT # J82147</b>					
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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2827838	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$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			Name		
Street Address (P.O. Box Number is Not Acceptable)			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRUM, H. BRITT JR.		NAME		
STREET ADDRESS	6723 PLANTATION ROAD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANDRUM, ELIZABETH N		NAME		
STREET ADDRESS	6723 PLANTATION RD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP/CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERKINS, MICHAEL A		NAME	Ted A Kirchner	
STREET ADDRESS	6723 PLANTATION ROAD		STREET ADDRESS	6723 Plantation Road	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola FL 32504	
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	VP/CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REMKE, ADRIAN P		NAME		
STREET ADDRESS	6723 PLANTATION RD		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANDRUM, BRITT H III		NAME	William A Cleary	
STREET ADDRESS	6723 PLANTATION RD		STREET ADDRESS	6723 Plantation Road	
CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola FL 32504	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Denise T McLeod	
STREET ADDRESS			STREET ADDRESS	6723 Plantation Road	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola FL 32504	
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: 		H. Britt Landrum, III		2/23/07 -	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Name</small>		<small>Date</small>	

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02232007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2827838 Applied For Not Applicable

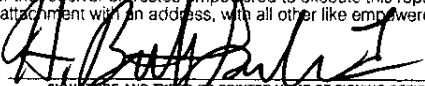
5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

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CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP		
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CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola FL 32504	
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NAME	REMKE, ADRIAN P		NAME		
STREET ADDRESS	6723 PLANTATION RD		STREET ADDRESS		
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CITY-ST-ZIP	PENSACOLA, FL 32504		CITY-ST-ZIP	Pensacola FL 32504	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Denise T McLeod	
STREET ADDRESS			STREET ADDRESS	6723 Plantation Road	
CITY-ST-ZIP			CITY-ST-ZIP	Pensacola FL 32504	

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:  H. Britt Landrum, III 2/23/07 -

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Name Date Daytime Phone #