


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90169 014 \*\*\*150.00

<b>DOCUMENT # J83938</b> 1. Entity Name <b>CANLAN DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>2336 FRUITVILLE RD SARASOTA, FL 34237 US</b>			Mailing Address <b>2336 FRUITVILLE RD SARASOTA, FL 34237 US</b>		
2. Principal Place of Business <b>1390 Harbor Drive</b> Suite, Apt. #, etc.		3. Mailing Address <b>1390 Harbor Drive</b> Suite, Apt. #, etc.			
City & State <b>Sarasota, FL 34239</b>		City & State <b>Sarasota, FL 34239</b>		4. FEI Number <b>59-2848250</b>	
Zip <b>34239</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CANNON, JOHN V., III 1550 RINGLING BLVD. SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent Name <b>John V. Cannon, III</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 S. Orange Avenue</b> <b>Sarasota, FL 34236</b> City <b>Sarasota</b> <b>FL</b> Zip Code <b>34236</b>	
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 <u><i>John V. Cannon, III</i></u> <span style="float: right;">4/29/2005</span> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P / Treasurer</b> <input type="checkbox"/> Delete <b>CANNON, JOHN V.</b> <b>1390 HARBOR DR.</b> <b>SARASOTA, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Secretary/Vice President</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Thomas Jackson</b> <b>6254 Colan Place</b> <b>Sarasota, FL 34240</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VST</b> <input checked="" type="checkbox"/> Delete <b>VAN LANDUYT, JULES R</b> <b>2336 FRUITVILLE RD</b> <b>SARASOTA, FL</b>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Director</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nancee Jackson</b> <b>6254 Colan Place</b> <b>Sarasota, FL 34240</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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 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: <u><i>John V. Cannon, III</i></u> <span style="float: right;">4/29/05</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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