

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90028 045 ***150.00

DOCUMENT # K13063

1. Entity Name
LAND & SEA VENTURES, INC.



Principal Place of Business
**418 NE RIVER DRIVE
DEERFIELD BEACH, FL 33441 US**

Mailing Address
**418 NE RIVER DRIVE
DEERFIELD BEACH, FL 33441 US**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PENNEL, PATRICIA¹
424 NE RIVER DR
DEERFIELD BEACH, FL 33441**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	D PENNEL, JOHN HENRY 450 NE RIVER DR DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEL, PATRICIA 450 NE RIVER DR DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEL, MICHAEL 2531 S OCEAN BLVD, #8 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEL, DAVID 1100 SE 4 AVE DEERFIELD BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNEL, REGINALD 424 N.E. RIVER DRIVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Penell 1/15/07 954 426-2628

Date

Daytime Phone #