


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # K13063</b> 1. Entity Name <b>LAND &amp; SEA VENTURES, INC.</b>	
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Principal Place of Business <b>418 NE RIVER DRIVE DEERFIELD BEACH, FL 33441 US</b>	Mailing Address <b>418 NE RIVER DRIVE DEERFIELD BEACH, FL 33441 US</b>
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DO NOT WRITE IN THIS SPACE



01172008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  <b>PENNELL, PATRICIA 424 NE RIVER DR DEERFIELD BEACH, FL 33441</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$850.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNELL, JOHN HENRY 450 NE RIVER DR DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNELL, PATRICIA 450 NE RIVER DR DEERFIELD BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNELL, MICHAEL 2531 S OCEAN BLVD, #8 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNELL, DAVID 1100 SE 4 AVE DEERFIELD BCH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNELL, REGINALD 424 N.E. RIVER DRIVE DEERFIELD BEACH, FL 33441
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/14/08-80056-006 150.00

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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.

<b>SIGNATURE:</b> 	<b>2/2/08</b> <b>954-426-2628</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>