

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L68612

Entity Name: LANDES STUDIOS, INC.

FILED  
Apr 28, 2009  
Secretary of State

## Current Principal Place of Business:

165 E MAIN  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

165 E MAIN  
BARTOW, FL 33830

## New Mailing Address:

FEI Number: 59-3008245

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BLAKEMAN, WILLIAM S.  
165 E. MAIN  
BARTOW, FL 33830 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPV ( ) Delete  
Name: LANDES, MICHAEL  
Address: 165 E. MAIN  
City-St-Zip: BARTOW, FL 33830

Title: ST ( ) Delete  
Name: LANDES, MICHAEL  
Address: 165 E. MAIN  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: LANDES, MICHAEL  
Address: 3733 FEATHERWOOD TR  
City-St-Zip: LAKELAND, FL 33812

Title: D ( ) Delete  
Name: LANDES, MICHAEL  
Address: 3733 FEATHERWOOD TR  
City-St-Zip: LAKELAND, FL 33812

Title: D ( ) Delete  
Name: LANDES, MICHAEL  
Address: 3733 FEATHERWOOD TR  
City-St-Zip: LAKELAND, FL 33812

Title: D ( ) Delete  
Name: LANDES, MICHAEL  
Address: 3733 FEATHERWOOD TR  
City-St-Zip: LAKELAND, FL 33812

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL LANDES

DPV

04/28/2009

Electronic Signature of Signing Officer or Director

Date