2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 08:00 AM
Secretary of State

DOCUMENT # M90429

1. Entity Name
LANDRETH, INCORPORATED

Principal Place of Business
1009 MAITLAND CENTER COMMONS
STE 203
MAITLAND, FL 32751

Mailing Address
1289 LAKE FRANCIS DR.
APOPKA, FL 32712

DO NOT WRITE IN THIS SPACE

01252006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-1262125
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LANDRETH, THOMAS T.
1289 LAKE FRANCIS DR.
APOPKA, FL 32712-9117

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

100000421655
02/16/06-80047-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LANDRETH, THOMAS T.
STREET ADDRESS	101 WYMORE RD.
CITY-ST-ZIP	ALTAMONTE SPRG., FL
TITLE	ST
NAME	LANDRETH, STEPHANIE
STREET ADDRESS	101 WYMORE RD
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: Stephanie Landreth 1/31/06 407-886-9779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #