


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90044 008 ***150.00

DOCUMENT # M98665			
1. Entity Name AMERICAN LAND PLANNING MANAGEMENT, INC.			
Principal Place of Business 2708 ALTERNATE 19 N 507-6 PALM HARBOR, FL 34683		Mailing Address PO BOX 1261 DUNEDIN, FL 34697	
2. Principal Place of Business - No P.O. Box # 2200 N. Hercules Ave.		3. Mailing Address	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc.	
City & State CLEARWATER, FL		City & State	
Zip 33763	Country USA	Zip	Country



03042008 Chg-P CR2E034 (12/06)

4. FEI Number 59-2912588	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent MOORE, STEVEN W THE LAW OFFICES OF STEVEN W. MOORE 8200 BRYAN DAIRY ROAD, SUITE 300 LARGO, FL 33777		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BEAU, PHILIPPE 2708 ALT 19 N #507-6 PALM HARBOR, FL 34683 <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	P BEAU, ANDRE 2708 ALT 19N #507-6 PALM HARBOR, FL 34683 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change: <input type="checkbox"/> Addition
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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.

SIGNATURE: _____ **03/04/08 (727) 4093465**
Date Daytime Phone