## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000057103

STILES, KEVÍN M

TAMPA, FL 33612

10904 NORTH 29TH ST

Name:

Address:

City-St-Zip:

Entity Name: I ANDODAFT INDUSTRIES INCORP

FILED Jan 07, 2007 Secretary of State

Entity Na	me: LANDCF	RAFT INDUSTRIES, INCORP	ORATED				
Current Principal Place of Business:				New Principal Place of Business:			
3421 PINE TRACE CIRCLE VALRICO, FL 33594				3421 PINE TRACE CIRCLE VALRICO, FL 33594 US			
Current Mailing Address:				New Mailing Address:			
P.O BOX 2792 VALRICO, FL 33595				3421 PINE TRACE CIRCLE VALRICO, FL 33594 US			
FEI Number	: 59-3661042	FEI Number Applied For ( )	FEI Num	ber Not Appl	icable ( )	Certificate of Status De	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
LANDA, MICHAEL S 3421 PINE TRACE CIRCLE VALRICO, FL 33594 US				NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US			
The above in the State	e named entity e of Florida.	submits this statement for the	purpose of	changing it	ts registered	office or registered age	nt, or both,
SIGNATURE: MELISSA TOMELDEN US REGISTERED AGEN				S, INC		01/07/2007	
	Electro	nic Signature of Registered A	gent			Date	
Election Car	mpaign Financir	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	D ( LANDA, MICH/ 3421 PINE TR VALRICO, FL	ACE CIRCLE		Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( TURNER, JIMI 14711 CARNA TAMPA, FL 33	TION DRIVE		Title: Name: Address: City-St-Zip:	T ( SAMPSON, R 2012 S.E. 50 <sup>-</sup> OCALA, FL 3	TH TERR	
Title: Name: Address: City-St-Zip:	D ( MARTINEZ, DI 29862 WESTL MENIFEE, CA	INK DR		Title: Name: Address: City-St-Zip:	(	) Change ()Addition	
Title:	S (	) Delete		Title:	(	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHAEL S LANDA D 01/07/2007