2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Feb 01, 2005 8:00 am Secretary of State

JAN 26 2005

Daytme Phone #

DOCUMENT # P00000071446 1. Entity Name LANDIS, INC.							02-01-2005 90018 039 ***150.00				
Principal Place of Business Mailing Address											
547 CR 547 NORTH 547 CR 547 NO DAVENPORT, FL 33837 DAVENPORT, FL					17						
DAVENI OKI, LE 33037								ENI	1 63 10 (333) (33	. BIEN e nnin e	(1) G ((1) FW (1)
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.			,	Suite, Apt. #, etc.			01242005	Chg-P	CR2E03	4 (10/03)	
City & State				City & State			4. FEI Number 59-3668			-	oplied For ot Applicable
Zip	Country			Zip Coun		try	5. Certificate o	f Status Desired		8.75 Add ee Require	ditional ed
6. Name and Address of Current Registered Agent							7. Name and	ddress of New R	egistered A	gent	
MCLENDON, LANDIS N						Name					
1914 CR 547 NORTH DAVENPORT, FL 33837						Street Address (P.O. Box Number is Not Acceptable)					
						City			FL	Zip Cod	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OATE,											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.							.00 May Be ed to Fees				
10.	OFFICERS AND DIRECTORS 11						ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTOR	S IN 11
TITLE NAME	D MCLENDON, LANDIS N			☐ Delete TITLI NAM STRE			•			☐ Change	☐ Addition
STREET ADDRESS	ss P O BOX 1665					ET ADORESS					
CITY-ST-ZIP	DAVENP	ORT, FL 33936				-ST-ZIP					
TITLE NAME	☐ Delete				TITLI NAM	l l				☐ Change	☐ Addition
STREET ADDRESS	s					ET ADDRESS -St-Zip					
TITLE				☐ Delete	TITLI					☐ Change	Addition
NAME STREET ADDRESS	-			_	NAM					_ •	
CITY-ST-ZIP						ET ADORESS -ST-ZIP					
FITLE				☐ Defete	TITL	l l				Change	☐ Addition
NAME STREET ADDRESS					NAM STRE	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME				☐ Delete	TITLE	l l				☐ Change	☐ Addition
STREET ADDRESS						ET ADDRESS					
CITY-ST-ZIP					-	-ST-ZIP					<u></u>
TITLE NAME				☐ Delete	TITLI Nam					Change	☐ Addition
STREET ADDRESS					STRE	ET ADDRESS					
CITY-ST-ZIP	portific that the	o information are	aliad with this f	ilina dose not sustify fo		-ST-ZIP	etion 110 07/04/0	Florido Ctatuta - 1	l furdher as a	h i shoot the c	ntormati
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trugglee 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 allachment with an address, with all other like supplement.											