## 2005 FOR PROFIT CORPORATION

## Apr 26, 2005 08:00 AM ANNUAL REPORT **Secretary of State DOCUMENT # P00000071564** 1. Entity Name LAND PLUS REALTY, INC. Principal Place of Business Mailing Address 4300 GULFSTREAM DR. 4300 GULFSTREAM DR. APT. # 2D APT. # 2D NAPLES, FL 34112 NAPLES, FL 34112 CR2E034 (10/03) 03012005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 59-2489567 \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UHLICH, ROBERT T DO NOT WRITE 4300 GULFSTREAM DR. APT. #2D IN THIS SPACE NAPLES, FL 34112 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 DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE UHLICH, ROBERT T NAME 4300 GULFSTREAM DR. APT. # 2D STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34112 U00000331387 TITLE 04/26/05-80014-024 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CHTY-ST-ZIP TITLE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 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:

CITY-ST-7IP TITLE. NAME STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**