

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90176 029 ***150.00

DOCUMENT # P00000071564 1. Entity Name LAND PLUS REALTY, INC.					
Principal Place of Business 4300 GULFSTREAM DR. APT. # 2D NAPLES, FL 34112			Mailing Address 4300 GULFSTREAM DR. APT. # 2D NAPLES, FL 34112		
2. Principal Place of Business 3035 64th ST. SW Suite, Apt. #, etc.			3. Mailing Address SAME Suite, Apt. #, etc.		
City & State NAPLES, FL			City & State		
Zip 34105		Country		4. FEI Number 59-2489567	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UHLICH, ROBERT T 4300 GULFSTREAM DR. APT. # 2D NAPLES, FL 34112			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3035 64th ST. SW City NAPLES FL 34105		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete UHLICH, ROBERT T 4300 GULFSTREAM DR. APT. # 2D NAPLES, FL 34112		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3035 64th ST. SW NAPLES, FL 34105	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			4 12 06 239.595.8675		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		