

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000096921

FILED  
Apr 21, 2006  
Secretary of State

Entity Name: LANDFINDERS SERVICES, INC.

## Current Principal Place of Business:

2925 47TH AVENUE SOUTH  
SAINT PETERSBURG, FL 33712

## New Principal Place of Business:

POST OFFICE BOX 17104  
CLEARWATER, FL 33762

## Current Mailing Address:

POST OFFICE BOX 17104  
CLEARWATER, FL 33762

## New Mailing Address:

FEI Number: 59-3675952      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EDWARDS, COREY M  
Address: 2925 47TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: V ( ) Delete  
Name: SCOTT-KELLEY, ADRIENNE  
Address: 2925 47TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: STD ( ) Delete  
Name: HAYES, SHIRLEY S  
Address: 2925 47TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: V ( ) Delete  
Name: COSTON, STACY  
Address: 2925 47TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: V ( ) Delete  
Name: SMITH, TASHA A  
Address: 2925 47TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

Title: V ( ) Delete  
Name: HAYES, ALICIA N  
Address: 2917 47TH AVENUE SOUTH  
City-St-Zip: SAINT PETERSBURG, FL 33712

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: COREY EDWARDS

PD

04/21/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date