

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P01000063584

1. Entity Name  
LANDTECH TITLE SERVICES, INC.



**FILED  
Jan 20, 2004 8:00 am  
Secretary of State**

01-20-2004 90051 044 \*\*\*150.00

44002807



01082004 Chg-P CR2E034 (10/03)

Principal Place of Business 763 SW S. MACEDO BLVD. PORT ST LUCIE, FL 34983		Mailing Address 763 SW S. MACEDO BLVD. PORT ST LUCIE, FL 34983	
2. Principal Place of Business 439 SE Port St Lucie Blvd Suite, Apt. #, etc. #109		3. Mailing Address 439 SE Port St Lucie Blvd Suite, Apt. #, etc. #109	
City & State PORT ST LUCIE, FL		City & State PORT ST LUCIE, FL	
Zip 34984	County USA	Zip 34984	County USA

4. FEI Number  
65-1118356

Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUNten, CYNTHIA  
5755 BENBOW COURT  
PORT ST LUCIE, FL 34986

7. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City FL Zip Code	

6. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-04

FILE NOW! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution.  \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME BUNten, CYNTHIA  
STREET ADDRESS 5755 BENBOW COURT  
CITY-ST-ZIP PORT ST LUCIE, FL 34986

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-04 772-879-2616  
Daytime Phone #