

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90252 036 ***150.00

DOCUMENT # P01000115474

1. Entity Name

LANDERS CONSULTING, INC.



Principal Place of Business

800 FORT PICKENS ROAD
UNIT 1604
PENSACOLA BEACH FL 32561

Mailing Address

800 FORT PICKENS ROAD
UNIT 1604
PENSACOLA BEACH FL 32561

24058115



MOORE CR2E034 (11/03)

2. Principal Place of Business

7048 PRO-AM CT

Suite, Apt. #, etc.

3. Mailing Address

7048 PRO-AM CT.

Suite, Apt. #, etc.

City & State

NAVARRE FL

City & State

NAVARRE, FL

4. FEI Number

58-2260733

Applied For

Not Applicable

Zip

32566

Country

SANTA ROSA

Zip

32566

Country

SANTA ROSA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANDERS, DANNY N
800 FORT PICKENS ROAD
UNIT 1604
PENSACOLA FL 32561

7. Name and Address of New Registered Agent

Name LANDERS, DANNY N

Street Address (P.O. Box Number is Not Acceptable)

7048 PRO-AM CT.

City NAVARRE

FL

Zip Code

32566

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

Danny Landers

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

(NOTE: Registered Agent signature required when reinstating)

4-23-2004

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME LANDERS, DANNY
STREET ADDRESS 800 FORT PICKENS RD
CITY-ST-ZIP PENSICOLA BCH FL 32561

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT
NAME LANDERS, DANNY
STREET ADDRESS 7048 PRO-AM CT.
CITY-ST-ZIP NAVARRE, FL 32566

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

Danny Landers

DANNY LANDERS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-2004

Date

850.515.0652

Daytime Phone #