


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000118903	
1. Entity Name LANDEN, WELLS & ASSOCIATES, INC.	

Principal Place of Business 158 LOST BRIDGE DR PALM BEACH GARDENS, FL 33410	Mailing Address 158 LOST BRIDGE DR PALM BEACH GARDENS, FL 33410
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MCDONALD, MARSHALL III 1070 EAST INDIANTOWN RD., STE. 312 JUPITER, FL 33477
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DO NOT WRITE
IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000121898 04/21/04-80007-009 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LANDEN, GAYLE A 158 LOST BRIDGE DRIVE PALM BEACH GARDENS, FL 33410
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 807, 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: <u>Gayle A. Landen</u>	Date: <u>4/19/04</u>	Daytime Phone #: <u>561-352-6289</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		