

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90400 034 ***150.00

DOCUMENT # P01000119061

1. Entity Name

LAND AND SEA CONSULTING, INC.



Principal Place of Business

6526 YVETTE DRIVE
HUDSON FL 34667

Mailing Address

6526 YVETTE DRIVE
HUDSON FL 34667

2. Principal Place of Business

6526 Yvette DR

3. Mailing Address

6526 Yvette DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hudson

City & State

FL

Zip

34667

Country

USA

Zip

Country

4. FEI Number

26-0029651

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VETTER, FLOYD
6526 YVETTE DRIVE
HUDSON FL 34667

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FLOYD D. VETTER Pres. *[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

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	PD	<input type="checkbox"/> Delete
NAME	VETTER, FLOYD	
STREET ADDRESS	6526 YVETTE DRIVE	OK
CITY-ST-ZIP	HUDSON FL 34667	

TITLE	VD	<input type="checkbox"/> Delete
NAME	CAVALIER, RALPH	
STREET ADDRESS	5068 ENSIGN LOOP	OK
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	

TITLE	STD	<input type="checkbox"/> Delete
NAME	MCCRACKEN, DEBRA	
STREET ADDRESS	6526 YVETTE DRIVE	OK
CITY-ST-ZIP	HUDSON FL 34667	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

FLOYD D. VETTER Pres. *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/14/04 227
861-3990