

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90082 001 ***150.00

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1. Entity Name

LAND AND SEA CONSULTING, INC.



Principal Place of Business

6526 YUETTE DRIVE
HUDSON FL 34667

Mailing Address

6526 YUETTE DRIVE
HUDSON FL 34667

2. Principal Place of Business

6526 Yvette Dr
Suite, Apt. #, etc.

3. Mailing Address

6526 Yvette Dr
Suite, Apt. #, etc.

City & State

Hudson, FL -
Zip 34667 Country Pasco

City & State

Hudson, FL -
Zip 34667 Country Pasco

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

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

(NOTE: Registered Agent signature required when constituting)

DATE

02/27/06

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 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 ☐ Delete
NAME VETTER, FLOYD
STREET ADDRESS 6526 YVETTE DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE VD ☐ Delete
NAME CAVALIER, RALPH
STREET ADDRESS 5068 ENSIGN LOOP
CITY-ST-ZIP NEW PORT RICHEY FL 34652

TITLE STD ☐ Delete
NAME MCCracken, DEBRA
STREET ADDRESS 6526 YVETTE DRIVE
CITY-ST-ZIP HUDSON FL 34667

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

Date:

Daytime Phone #

FLOYD D VETTER - PRES. 02/27/06 727-861-3990