


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90128 004 \*\*\*150.00

<b>DOCUMENT # P02000087199</b>	
--------------------------------	---

1. Entity Name  
LANDCO INVESTMENT CORP.

Principal Place of Business 1060 PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952	Mailing Address 1060 PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952
--	--

2. Principal Place of Business - No P.O. Box # 1198 SE Petunia Ave	3. Mailing Address 1198 SE Petunia Ave
Suite, Apt. #, etc. PORT STUCIE	Suite, Apt. #, etc. PORT ST LUCIE
City & State Port St Lucie Florida	City & State Port St Lucie Florida
Zip 34952	Country U.S.A



04212008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent SHILD, BONNIE 1060 PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952	7. Name and Address of New Registered Agent Name: Bonnie SHILD Street Address (P.O. Box Number is Not Acceptable) 1198 SE Petunia Ave City: Port St Lucie FL 34952
---	--

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: *Bonnie Shild* *only address change* *April 22, 08*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV O'DONNELL, NICOLE 1060 PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1198 SE Petunia Ave PS L Fla 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHILD, BONNIE 1060 PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1198 SE Petunia Ave PORT ST. Lucie Fla 34952 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: *Bonnie Shild* *4/22/08* *(772) 201-0677*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #