


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02003101612 1. Entity Name LDM LANDS, INC.	
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Principal Place of Business 4411 BEE RIDGE ROAD SUITE 447 SARASOTA, FL 34233	Mailing Address 4411 BEE RIDGE ROAD SUITE 447 SARASOTA, FL 34233
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DO NOT WRITE IN THIS SPACE



03152005 No Chg-P CR2E034 (10/03)

4. FEI Number 55-0801828	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILLIAMS PARKER HARRISON DIETZ & GETZEN PA
C/O MICHELE B GRIMES
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1100000280636 03/30/05-80025-012 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONACO, LAWRENCE D 4411 BEE RIDGE RD. #447 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SMALLEY, TAMMY 4411 BEE RIDGE RD. #447 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MONACO, GAIL A 441 BEE RIDGE RD. #447 SARASOTA, FL 34233
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: Lawrence D. Monaco 3-26-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #