

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2007 8:00 am
Secretary of State

03-22-2007 90010 035 ***150.00

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1. Entity Name
LDM LANDS, INC.



Principal Place of Business
4411 BEE RIDGE ROAD SUITE 447
SARASOTA, FL 34233

Mailing Address
4411 BEE RIDGE ROAD SUITE 447
SARASOTA, FL 34233

2. Principal Place of Business - No P.O. Box #
1320 QUAIL DR
Suite, Apt. #, etc.

3. Mailing Address
1320 QUAIL DR
Suite, Apt. #, etc.



03162007 Chg-P CR2E034 (12/06)

City & State
SARASOTA FL
Zip 34231 Country

City & State
SARASOTA FL
Zip 34231 Country

4. FEI Number
55-0801828

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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 reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MONACO, LAWRENCE D ☐ Delete
STREET ADDRESS 4411 BEE RIDGE RD. #447
CITY-ST-ZIP SARASOTA, FL 34233

TITLE VP
NAME SMALLEY, TAMMY ☐ Delete
STREET ADDRESS 4411 BEE RIDGE RD. #447
CITY-ST-ZIP SARASOTA, FL 34233

TITLE ST
NAME MONACO, GAIL A ☐ Delete
STREET ADDRESS 441 BEE RIDGE RD. #447
CITY-ST-ZIP SARASOTA, FL 34233

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1320 QUAIL DR
CITY-ST-ZIP 34231

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 5373 ANTHONY LN
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 1320 QUAIL DR
CITY-ST-ZIP 34231

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

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

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

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: Lawrence D Monaco
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(941)
13-15-07 (350-2210)
Date Daytime Phone #