


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90131 025 ***150.00

DOCUMENT # P03000078937
 1. Entity Name
 LAND RECOVERY INC.



Principal Place of Business: 9006 PINE TREE CIRCLE BRADENTON, FL 34202
 Mailing Address: ~~9006 PINE TREE CIRCLE BRADENTON, FL 34202~~

2. Principal Place of Business: 26115 65TH AVE E
 Suite, Apt. #, etc.
 3. Mailing Address: ← SAME
 Suite, Apt. #, etc.

City & State: MYAKKA CITY, FL
 Zip: 34251
 Country: US



4. FEI Number: 56-2382415
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: MEISSNER, GREGORY O, 1444 3 AVE W #150, BRADENTON, FL 34206
 7. Name and Address of New Registered Agent: JOHN OWENS, 26115 65TH AVE E, MYAKKA CITY, FL 34251

8. The above named entity submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: JOHN OWENS DATE: 3/26/05

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: D	<input type="checkbox"/> Delete	TITLE: [Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: OWENS, JOHN M		NAME: [Blank]	
STREET ADDRESS: 9006 PINE TREE CIR		STREET ADDRESS: 26115 65 TH AVE E	
CITY-ST-ZIP: BRADENTON, FL 34202		CITY-ST-ZIP: MYAKKA CITY, FL 34251	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	
TITLE: [Blank]	<input type="checkbox"/> Delete	TITLE: [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: [Blank]		NAME: [Blank]	
STREET ADDRESS: [Blank]		STREET ADDRESS: [Blank]	
CITY-ST-ZIP: [Blank]		CITY-ST-ZIP: [Blank]	

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 an other like empowered.
 SIGNATURE: [Signature] JOHN OWENS DATE: 3/26/05