


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 02, 2006 8:00 am
Secretary of State

03-02-2006 90005 031 ***150.00

DOCUMENT # P03000078937 1. Entity Name LAND RECOVERY INC.	
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Principal Place of Business 26115 65TH AVE E MYAKKA CITY, FL 34251	Mailing Address 26115 65TH AVE E MYAKKA CITY, FL 34251
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DO NOT WRITE IN THIS SPACE



02222006 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2382415	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent OWENS, JOHN 26115 65TH AVE E MYAKKA CITY, FL 34251

**DO NOT WRITE
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OWENS, JOHN M 26115 65TH AVE E MYAKKA CITY, FL 34251
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 reports 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 # _____