## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

BIGNATURE

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 26, 2007 08:00 A Secretary of State

Daytime Phone #

Date

	ANNUAL	REPORT		,	Saar	atary of St
DOCU	JMENT # P030000789	937		1	SCLI	etary of St
1. Entity Nar	me	•			•	
LAND RI	ECOVERY INC.					•
Principal Pla	ce of Business	Mailing Address		1		
26115 65T	H AVE E	26115 65TH AVE E				
MYAKKA CIT	FY, FL 34251	MYAKKA CITY, FL 34251				,
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				02182007	No Chg-P CR2E	034 (11/05)
DO NOT WRITE IN THIS SPACE				4. FEI Number Applied For		
				56-238		Not Applicable
		*		5. Certificate	of Status Desired	\$8.75 Additional Fee Required
	6. Name and Address of Current Re	gistered Agent	1	<u> </u>	6	ree Required
		· <del></del>	7	San		The state of the s
OWENS, -	JOHN THAVE E			DO	<b>NOT WRIT</b>	E
MYAKKA	26115 65TH AVE E MYAKKA CITY, FL 34251					
	•			IN I	THIS SPACE	
8. The above	a named entity submits this statement for th	ne purpose of changing its registe	_l red office or register	ed agent, or bol	th, in the State of Florida. I an	familiar with, and accept
the obliga	tions of registered agent.					
SIGNATURE.		, 	. ,			
	Signature, typed or printed name of registered agent and	title if applicable. (NOTE, Register	ed Agent signature required	when reinstating)	DATE	
FII	.E NOW!!! FEE IS \$150.00	9. Election Campaign Fina	incing \$5.	00 мау Ве		
After M	ay 1, 2007 Fee will be \$550.00	Trust Fund Contribution	. 🗆 Adde	ed to Fees		
10.	OFFICERS AND DIS	RECTORS				, since the con-
TITLE	D					
NAME STREET ADDRESS	OWENS, JOHN M 26115 65TH AVE E					
CITY-ST-ZIP	MYAKKA CITY, FL 34251			* • *•	in the state of the	
TITLE		<del></del>			,	
NAME					പ്രസംബനസ് ചാന് സ്	
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STREET ADORESS			,	DΩ	<b>NOT WRIT</b>	
CITY-ST-ZIP			<b>-</b>			
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CITY-ST-ZIP				•		
TITLE					As Many S. S.	
NAME STREET ADDRESS						
CITY-ST-ZIP				f (*)	A Company of	
TITLE			-			
NAME						
STREET ADDRESS				4	The state of the state of	aritation and philips
CITY-ST-ZIP	i	/ "I	<b>.</b>	,		4
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12. I hereby of indicated	L	s filing does not qualify for the exite and accurate and that my signs	emptions contained ature shall have the s	in Chapter 119	Florida Statutes. I further ce t as if made under oath; that I	tify that the information am an officer or director