


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P03000078937

1. Entity Name
LAND RECOVERY INC.



Principal Place of Business
**26115 65TH AVE E
 MYAKKA CITY, FL 34251**

Mailing Address
**26115 65TH AVE E
 MYAKKA CITY, FL 34251**

DO NOT WRITE IN THIS SPACE



02182007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2382415	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

Signature, typed or printed name of registered agent and title if applicable.

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

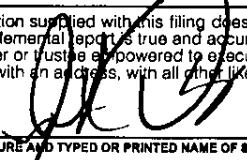
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OWENS, JOHN M 26115 65TH AVE E MYAKKA CITY, FL 34251
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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 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____