

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000145731

1. Entity Name
LAND PLANNING SYSTEMS, INC.



Principal Place of Business
**201 SW PORT ST. LUCIE BLVD.
STE. 203
PORT SAINT LUCIE, FL 34984**

Mailing Address
**201 SW PORT ST. LUCIE BLVD.
STE. 203
PORT SAINT LUCIE, FL 34984**



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0409590	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

**BALL, STEVEN
201 SW PORT ST LUCIE BLVD.
STE. 203
PORT SAINT LUCIE, FL 34986**

**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 _____

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 NAME STREET ADDRESS CITY-ST-ZIP	DP BALL, STEVEN 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV BALL, JEANNE 1842 SE MANTH LANE PORT ST. LUCIE, FL 34983
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/01/07-80018-006 150.00

**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:

Steven Ball **STEVEN BALL**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/10/07 **772-785-7000**