

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90195 045 \*\*\*158.75

<b>DOCUMENT # P04000011157</b> 1. Entity Name <b>LANDREA PROPERTIES INCORPORATED</b>					
Principal Place of Business <b>955 MLK BLVD. EAST, UNIT F TARPON SPRINGS, FL 34689</b>			Mailing Address <b>701 ENTERPRISE ROAD EAST SUITE 404 SAFETY HARBOR, FL 34695</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>955 MLK Blvd. East,</b> Suite, Apt. #, etc. <b>Unit F</b>			
City & State City & State <b>Tarpon Springs, FL</b>		City & State <b>Tarpon Springs, FL</b>		4. FEI Number <b>86-1093523</b>	
Zip <b>34689</b>		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CAMPAGNA, MICHAEL P 109 AUGUSTA AVENUE PALM HARBOR, FL 34683</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>CAMPAGNA, MICHAEL P</b> <b>109 AUGUSTA AVENUE</b> <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>CAMPAGNA, MICHAEL P</b> <b>109 AUGUSTA AVENUE</b> <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CAMPAGNA, KAREN J</b> <b>109 AUGUSTA AVENUE</b> <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>CAMPAGNA, KAREN J</b> <b>109 AUGUSTA AVENUE</b> <b>PALM HARBOR, FL 34683</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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 all other like empowered.					
<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>Michael P. Campagna</b>					
<small>Date</small> _____ <small>Daytime Phone #</small> _____					