

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000039325

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** LAND BROKERAGE SERVICES, INC.

**Current Principal Place of Business:**

13223 FOUNTAIN BLEAU DR.  
CLERMONT, FL 34711

**New Principal Place of Business:**

159 BEACON POINTE DRIVE  
OCOE, FL 34761

**Current Mailing Address:**

13223 FOUNTAIN BLEAU DR.  
CLERMONT, FL 34711

**New Mailing Address:**

159 BEACON POINTE DRIVE  
OCOE, FL 34761

**FEI Number:** 20-0831536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SZROM, LARRY  
13223 FOUNTAIN BLEAU DR.  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

SZROM, LARRY  
159 BEACON POINTE DRIVE  
OCOE, FL 34761 US

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

04/28/2011

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P/D  
Name: SZROM, LARRY  
Address: 159 BEACON POINTE DRIVE  
City-St-Zip: OCOE, FL 34761

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: LAWRENCE SZROM

PRES

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date