

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90048 048 ***150.00

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01142005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000096649 1. Entity Name LAND MERCHANTS OF FLORIDA, INC.					
Principal Place of Business 7181 COLLEGE PARKWAY SUITE 30 FORT MYERS, FL 33907 US			Mailing Address 7181 COLLEGE PARKWAY SUITE 30 FORT MYERS, FL 33907 US		
2. Principal Place of Business 4719 S.E. 17th Place Suite, Apt. #, etc. 306		3. Mailing Address 4719 S.E. 17th Place Suite, Apt. #, etc. 306			
City & State Cape Coral, FL Zip 33904		City & State Cape Coral, FL Zip 33904		4. FEI Number 20-1286978	
Country Lee		Country Lee		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 PLATANIA, SAMUEL S 7181 COLLEGE PARKWAY SUITE 30 FORT MYERS, FL 33907	
7. Name and Address of New Registered Agent Name Platania, Samuel S Street Address (P.O. Box Number is Not Acceptable) 4719 S.E. 17th Place # 306 City Cape Coral FL Zip Code 33904				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S. PLATANIA, SAMUEL S 7181 COLLEGE PARKWAY, SUITE 30 FORT MYERS, FL 33907	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4719 S.E. 17th Place, # 306 Cape Coral, FL 33904
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.					
SIGNATURE: SAMUEL S. PLATANIA 1/15/05 271-940-5494 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					