2005 FOR PROFIT CORPORATION

May 05, 2005 8:00 am Secretary of State **ANNUAL REPORT** 04-11-2005 90152 045 ***150.00 **DOCUMENT # P04000116630** 1. Entity Name 4887 LANDINGS CORP Principal Place of Business Mailing Address 2 NORTH TAMIAMI TRAIL 2 NORTH TAMIAMI TRAIL 66015975 90 30Z **#** 302 SARASOTA, FL 34236 SARASOTA, FL 34236 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012005 CR2E034 (10/03) Chg-P City & State City & State Applied For Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name YANCHEK, JOHN A 2 NORTH TAMIAMI TRAIL Street Address (P.O. Box Number is Not Acceptable) SARASOTA, FL 34236 City Zip Code 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/orbifolistered agent. 3:44:5 gistered egept. 🎜 SIGNATURE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS:\$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition YANCHEK, JOHN A NALE NAME STREET ADDRESS 2 NORTH TAMIAMI TRAIL, SUITE 50 302 STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34236 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP D veres Change — Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change □ Addition NALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ACCURESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi), 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 eath; 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 of the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of the corporation of the receiver or trustee empowered of the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered of the exemption of the same legal effect as if made under eath I am an officer or director of the corporation or the receiver of the same legal effect as if made under eath I am an officer or director of the corporation of the same legal effect as if made under eath I am an officer or director of the corporation of the same legal effect as if made under eath I am an officer or director of the corporation of the same legal effect as if made under eath I am an officer or director of the corporation of the same legal effect as if made under eath I am an officer or director of the corporation of the same legal effect as if made under eath I am an officer or director of the sam

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