

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90008 001 \*\*\*150.00

<b>DOCUMENT # P04000139315</b> 1. Entity Name <b>LAND &amp; SEA REALTY, INC.</b>					
Principal Place of Business <b>599 S. COLLIER BLVD. SUITE 301 MARCO ISLAND, FL 34145</b>			Mailing Address <b>599 S. COLLIER BLVD. SUITE 301 MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>20-1801164</b>	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LITTLE, JOE L 599 S. COLLIER BLVD. SUITE 301 MARCO ISLAND, FL 34145</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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	D <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SLAWIK, MEL	NAME			
STREET ADDRESS	970 CAPS MARCO DRIVE, #1908	STREET ADDRESS	<b>970 CAPE MARCO DRIVE, #1908</b>		
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HANIFIN, GREGG	NAME			
STREET ADDRESS	85 SOUTH SEAS COURT	STREET ADDRESS			
CITY-ST-ZIP	MARCO ISLAND, FL 34145	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LITTLE, JOE L	NAME			
STREET ADDRESS	8757 CEDAR HAMMOCK BLVD.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34112	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>P CATHY SLAWIK</b>		
STREET ADDRESS		STREET ADDRESS	<b>970 CAPE MARCO DRIVE #1908</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME		NAME	<b>S MAI HANIFIN</b>		
STREET ADDRESS		STREET ADDRESS	<b>85 SOUTH SEAS COURT</b>		
CITY-ST-ZIP		CITY-ST-ZIP	<b>MARCO ISLAND, FL 34145</b>		
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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 reports 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> _____ <b>DIRECTOR 2/19/06</b> <b>239-389-5263</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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