


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

04-22-2005 90305 024 \*\*\*150.00

<b>DOCUMENT # P04000146837</b>	
1. Entity Name <b>LANDART CONSTRUCTION, INC.</b>	

Principal Place of Business <b>1420 CIRCLE LANE CHULUOTA FL 32766</b>	Mailing Address <b>1420 CIRCLE LANE CHULUOTA FL 32766</b>
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**50042527**



1st MOORE

CR2E034 (10/04)

2. Principal Place of Business <b>1420 Circle Lane</b>		3. Mailing Address <b>1420 Circle Lane</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Chuluota, FL</b>	City & State <b>Chuluota, FL</b>	4. FEI Number <b>34-2022600</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>32766</b>	Country <b>Seminole</b>	Zip <b>32766</b>	Country <b>Seminole</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>IRIZARRY, ROBERTO 1420 CIRCLE LANE CHULUOTA FL 32766</b>		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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 <b>Carmen de Izarry</b> <small>Signature, typed or printed name of registered agent and fee, if applicable</small>	DATE <b>4-18-05</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>IRIZARRY, ROBERTO</b> <b>1420 CIRCLE LANE</b> <b>CHULUOTA FL 32766</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>IRIZARRY, CARMEN</b> <b>1420 CIRCLE LANE</b> <b>CHULUOTA FL 32766</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <b>Carmen de Izarry</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <b>4-18-05</b> (407) 990-1061 <small>Daytime Phone #</small>