

2005 FOR PROFIT CORPORATION ANNUAL REPORT

03-15-2005 00029'001 ***150.00
SECRETARY P04000169900
DIVISION OF CORPORATIONS

05 OCT 12 AM 11:38

DOCUMENT # P04000169900 1. Entity Name LOTLAND INC.					
Principal Place of Business 465 OAKLAND PARK DR PORT ORANGE, FL 32127			Mailing Address 465 OAKLAND PARK DR PORT ORANGE, FL 32127		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CHENEY, DAVID 465 OAKLAND PARK DR PORT ORANGE, FL 32127			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
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	D CHENEY, DAVID 465 OAKLAND PARK DR PORT ORANGE, FL 32127		<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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 lists empowered.					
SIGNATURE:			x 5-9-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

REINSTATEMENT 05



01172005 Chg-P CF2E034 (10/03)

4. FEI Number **20-2051889** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

October 10, 2005

Florida Department of State
Division of Corporation
PO Box 6327
Tallahassee, FL 32314

Re: Lotland Inc. Ref.#P04000169900

Dear Dept. of State,

I am writing in response to your letter dated September 29, 2005. When the original 2005 Annual Report was sent in, with an accompanying check, the Federal ID # was not yet known. It was therefore not provided at that time.

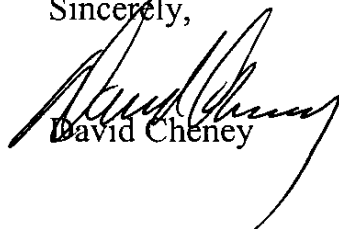
In addition, no correspondence rejecting the application was ever received by this company from your office.

Enclosed please find the 2005 Annual Report with the Federal ID # written in.

I hope this information will allow for the reinstatement of this corporation without penalty as the original filing fee and document was received by your office in a timely manner.

Thank you for your help in this matter.

Sincerely,


David Cheney