

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90178 025 ***150.00

DOCUMENT # P05000069517

1. Entity Name
LANDRY REPORTING, INC



Principal Place of Business
**2791 ENTERPRISE RD E APT # 8
CLEARWATER, FL 33759**

Mailing Address
**2791 ENTERPRISE RD E APT # 8
CLEARWATER, FL 33759**

40078706

2. Principal Place of Business
1404 Kittery Ct

3. Mailing Address
PO Box 742

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03242006

Chg-P

CR2E034 (11/05)

City & State

Safety Harbor, FL

City & State

Safety Harbor, FL

Zip

Country

34695

Zip

Country

34695

4. FEI Number

84-1680136

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LANDRY, AUDREY
2791 ENTERPRISE RD E APT # 8
CLEARWATER, FL 33759**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSVT
LANDRY, AUDREY
2791 ENTERPRISE RD E APT # 8
CLEARWATER, FL 33759**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1404 Kittery Ct
Safety Harbor, FL 34695**

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
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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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-25-06 (727) 712-0398