


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90075 005 \*\*\*150.00

<b>DOCUMENT # P05000119131</b>		
1. Entity Name <b>LANDAR ROAD, INC.</b>		

Principal Place of Business <b>7029A S TAMiami TRAIL SARASOTA, FL 34231</b>	Mailing Address <b>7029A S TAMiami TRAIL SARASOTA, FL 34231</b>
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2. Principal Place of Business <b>2100 S TAMiami TRAIL</b>		3. Mailing Address <b>2100 S TAMiami TRAIL</b>	
Suite, Apt. #, etc. <b>SUITE # 100</b>		Suite, Apt. #, etc. <b>SUITE # 100</b>	
City & State <b>SARASOTA FL</b>		City & State <b>SARASOTA FL</b>	
Zip <b>34239-3803</b>	Country <b>SAARASOTA</b>	Zip <b>34239-3803</b>	Country <b>SARASOTA</b>

01142006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-3502865</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>MOFFATT, ROBERT G 7029A S TAMiami TRAIL SARASOTA, FL 34231</b>		7. Name and Address of New Registered Agent Name <b>LARRY E CROY</b> Street Address (P.O. Box Number is Not Acceptable) <b>2100 S. TAMiami TRAIL Suite #100</b> City <b>SARASOTA</b> FL Zip Code <b>34239-3803</b>	
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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 **LARRY E CROY** *[Signature]* **1-14-2006**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

<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</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	D MOFFATT, ROBERT G 7029A S TAMiami TRAIL SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LARRY E CROY 2100 S. TAMiami TRAIL #100 SARASOTA FL 34239-3803 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOFFATT, ELIZABETH A 7029A S TAMiami TRAIL SARASOTA, FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SIT/D WILLIAM G. EVANS 2159 WASATCH DRIVE SARASOTA FL 34235 <input checked="" type="checkbox"/> Change <input checked="" 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
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
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
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 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: **LARRY E CROY** *[Signature]* **1-14-2006** **941-855-4872x12**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #