2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000066997

LANDERS, MELVA

3816 BINGHAM DRIVE

LEXINGTON, KY 40514 US

Name:

Address:

City-St-Zip:

Entity Name: BO LANDERS ENTERPRISES, INC.

FILED Aug 11, 2007 Secretary of State

Current P	rincipal Pla	ce of Business:	New Principal Place	New Principal Place of Business:	
820 3RD S NAPLES, F		US			
Current M	lailing Add	ress:	New Mailing Address:		
820 3RD S NAPLES, F		US			
FEI Number:	: 20-4991887	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
SUITE 101 NAPLES, F The above	PRT ROAD I FL 34104 U named enti	IS	ourpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	e of Florida. ⊃⊏·				
Electronic Signature of Registered Agent			ent	Date	
		.193(2)(b), F.S., the corporation did no sing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P LANDERS, E 820 3RD ST NAPLES, FL	REET S.W.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP RUSSELL, J 104 PORTE NAPLES, FL	R STREET	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MATTA, MAI	AVENUE NORTH	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S	() Delete	Title	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BO LANDERS P 08/11/2007