

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # P07000019386	
1. Entity Name LANDCORE PROPERTIES INC	

Principal Place of Business 6421 MALLARDS LANE COCONUT CREEK FL 33073	Mailing Address 6421 MALLARDS LANE COCONUT CREEK FL 33073
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number		Applied For
		Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
DISORBO, MICHELE 6421 MALLARDS LANE COCONUT CREEK FL 33073	

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 _____ DATE _____

Signature typed or printed name of registered agent (if title is applicable) R.O.T.F. Registered Agent Signature requires when completing

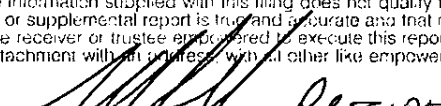
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing	\$5.00 May Be Added to Fees
Trust Fund Contribution ☐	

10. OFFICERS AND DIRECTORS	
TITLE	☐ Delete
NAME	DISORBO, MICHELE
STREET ADDRESS	6421 MALLARDS LANE
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	☐ Delete
NAME	DISORBO, MICHELE A
STREET ADDRESS	6421 MALLARDS LANE
CITY-ST-ZIP	COCONUT CREEK FL 33073
TITLE	☐ Delete
NAME	S
STREET ADDRESS	DISORBO, ANGELINA A
CITY-ST-ZIP	6421 MALLARDS LANE
TITLE	☐ Delete
NAME	T
STREET ADDRESS	DISORBO, ALDO M
CITY-ST-ZIP	6421 MALLARDS LANE
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	U000000885081
CITY-ST-ZIP	04/17/08-80069-015 150.00
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **PRESIDENT** **3/20/08** **954 914 1208**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR