

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P19373**

1. Entity Name  
**LAND LOCATORS, INC.**



Principal Place of Business  
**P O BOX 1088  
AUBURN, AL 36830**

Mailing Address  
**P O BOX 1088  
AUBURN, AL 36830**



04232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>63-0937598</b>	Applied For 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**

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD NOTO, LOUIS A. 5554 PARKVIEW CIRCLE BIRMINGHAM, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SHANNON, MICHAEL V. 753 E. GLENN AVE. AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANNON, MICHAEL V. 753 E. GLENN AVE. AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WEAVER, CHARLES H., JR. 753 E. GLENN AVE. AUBURN, AL 36830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD STROBEL, DAVID L. 753 E. GLENN AVE. AUBURN, AL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEAVER, CHARLES H., JR. 753 E. GLENN AVE. AUBURN, AL

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04/29/04-80124-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 any other line empowered.

**SIGNATURE:** \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04  
Date

334-824-0928  
Daytime Phone #