

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 A
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**



04172007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 63-0937598	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 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

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, 2007 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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05/11/07-80020-003 150.00

**DO NOT WRITE
IN THIS SPACE**

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

4-17-07

Date

334-821-0928

Daytime Phone #