

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P92000011925

1. Entity Name
LAND SHARK CORP.



Principal Place of Business
2156 N MAIN ST
WALNUT CREEK, CA 94596

Mailing Address
2156 N. MAIN STREET
WALNUT CREEK, CA 94596



02292008 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3154051

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TULLIS, GARY B
500 N OCEAN ST
JACKSONVILLE, FL 32202

**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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000870324
04/09/08-80086-006 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVTS
REITZ, STEPHEN C
4656 SWILCAN BRIDGE LANE S.
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
REITZ, JOANNE B
4656 SWILCAN BRIDGE LANE S.
JACKSONVILLE, FL 32224

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Joanne Reitz*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-08

Date

9259356862

Daytime Phone #