


**2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90028 005 \*\*\*150.00

DOCUMENT # **P94000002011**

1. Entity Name  
**818 LANDHOLDINGS, INC.**



Principal Place of Business      Mailing Address  
**1104 ISLAMORADA LN. TAMPA FL 33606**      **1104 ISLAMORADA LN. TAMPA FL 33606**



2. Principal Place of Business - No P.O. Box #  
**818 W Platt ST**

3. Mailing Address  
**824 S Rome AVE**

Suite, Apt. #, etc.

1st MOORE      CR2E034 (10/06)

City & State  
**Tampa FL**

City & State  
**Tampa FL**

Zip  
**33606**      Country  
**US**

Zip  
**33606**      Country  
**US**

4. FEI Number      **59-3225885**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**YARNELL, RICHARD**  
~~1104 ISLAMORADA LN.~~ **824 S Rome AVE**  
**TAMPA FL 33606**  
**Tampa FL 33606**

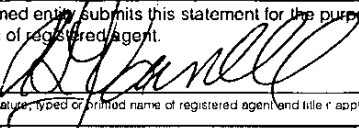
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Acceptable)  
**824 S Rome AVE**

City      **Tampa**      State      **FL**      Zip Code      **33606**

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  **Richard YARNELL**      DATE **2-23-07**

Signature typed or printed name of registered agent (and title if applicable). (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

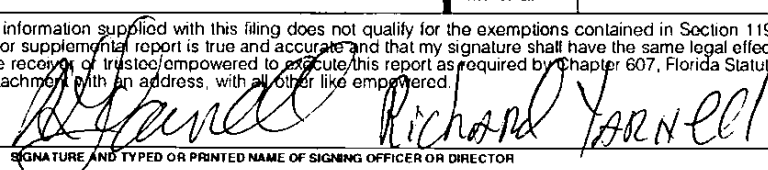
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P YARNELL, RICHARD L <del>TAMPA FL 33606</del> <b>824 S Rome AVE</b> <b>Tampa FL 33606</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>824 S Rome AVE</b> <b>Tampa FL 33606</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowers.

SIGNATURE:  **Richard YARNELL**      Date **2-23-07**      Daytime Phone # **8138430372**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR