


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000008059	
1. Entity Name LAMARI LAND, INC.	

Principal Place of Business 10355 SE FEDERAL HIGHWAY HOBE SOUND, FL 33455	Mailing Address 10355 SE FEDERAL HIGHWAY HOBE SOUND, FL 33455
---------------------------------------------------------------------------------	---------------------------------------------------------------------

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent PONTE, RICHARD A 1466 SW ALLIGATOR ST PALM CITY, FL 34990	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		(NOTE: Registered Agent signature required when reinstating)	DATE _____
----------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	1000000063142 02/23/04-80150-013 150.00
-----------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------	--------------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST PONTE, MARGARET A 1466 SW ALLIGATOR ST PALM CITY, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PONTE, RICHARD A 1466 SW ALLIGATOR STREET PALM CITY, FL
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 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 all other like empowered.	
SIGNATURE: <u>Margaret A Ponte</u> <u>Mrs Margaret A Ponte</u> <u>2-19-04</u>	(TD) 287-6425
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	