2007 FOR PROFIT CORPORATION... **ANNUAL REPORT**

DOCUMENT # P95000078836

FL LANDING COMPANY OF SAN ANTONIO, INC.



FILED Feb 22, 2007 08:00 AM **Secretary of State**

Principal Place of Business

7355 S.W. 9TH STREET VERO BEACH, FL 32968 Mailing Address

7355 S.W. 9TH STREET VERO BEACH, FL 32968



01042007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0624929

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

225 家族之产的自由加州学品以前经历

GORDON, WILLIAM J 7355 S.W. 9TH STREET VERO BEACH, FL 32968

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plons of registered agent.	urpose of changing its registered offi	ce or regist	ered agent, or both	ı, in the State of Florida. I am fami	liar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and little	f applicable (NOTE: Registered Agent	signature requi	red when reinsteting)	DATE	
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		5.00 May Be idded to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GORDON, WILLIAM J 7355 S.W. 9TH STREET VERO BEACH, FL 32968				U00000C42742	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		1			000000643712 03/02/07-80013-01	4 158.75
TITLE ''		in t				

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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

SIGNATURE:

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

ID TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR