


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90161 013 \*\*\*150.00

<b>DOCUMENT # P95000092847</b>			
1. Entity Name <b>LANDEV, INC.</b>			
Principal Place of Business <b>702 FAIR OAKS LN MAITLAND FL 32751 US</b>		Mailing Address <b>702 FAIR OAKS LANE MAITLAND FL 32751 US</b>	
2. Principal Place of Business <b>204 Quayside Circle Apt 203 Maitland FL 32751</b>		3. Mailing Address <b>204 Quayside Circle Apt 203 Maitland, FLORIDA 32751</b>	
4. FEI Number <b>59-3352926</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent <b>SATTIZAHN, MARIA L 215 QUAYSIDE CIR MAITLAND FL 32751</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS PINO, MARIA-LUISA G 702 FAIR OAKS LANE MAITLAND FL 32751</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPS <del>Maria-Luisa G. Pino</del> Rexach, Maria-Luisa G. (divorced)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PINO, MARIA 215 QUAYSIDE CIR. MAITLAND FL 32751</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sattizahn, Maria (married)</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:** Maria-Luisa G. Rexach  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-2-05** **(407) 772-1855**  
Date Daytime Phone #