

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90207 004 ***150.00

DOCUMENT # P96000023675

1. Entity Name
FLORIDA LANDHOLDINGS, INC.



Principal Place of Business
**12400 N NEBRASKA AVE
TAMPA, FL 33612**

Mailing Address
**12400 N NEBRASKA AVE
TAMPA, FL 33612**

34070311



04202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3371598** Applied For
~~NOT APPLICABLE~~ Not Applicable

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

6. Name and Address of Current Registered Agent

**TERINO, JAMES L
12400 N. NEBRASKA AVE.
TAMPA, FL 33612**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TERINO, JAMES L
STREET ADDRESS	301 W 131 AVE
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	D
NAME	TERINO, DAVID F
STREET ADDRESS	9350 KENTON ROAD
CITY - ST - ZIP	WESLEY CHAPEL, FL 33544
TITLE	D
NAME	TERINO, CHRISTOPHER F
STREET ADDRESS	12400 N NEBRASKA AVE
CITY - ST - ZIP	TAMPA, FL 33612
TITLE	D
NAME	TERINO, ANTHONY J
STREET ADDRESS	16412 RAPPELO RD
CITY - ST - ZIP	BROOKSVILLE, FL 346015820
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)(l), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

978

4-22-04 03 778-8824