

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000029599

Entity Name: LAND & SEA SPECIALTIES, INC.

FILED  
Feb 08, 2008  
Secretary of State

## Current Principal Place of Business:

4802 GUNN HIGHWAY  
SUITE #118  
TAMPA, FL 33624

## New Principal Place of Business:

4802 GUNN HIGHWAY  
SUITE #118  
TAMPA, FL 33624 US

## Current Mailing Address:

4802 GUNN HIGHWAY  
SUITE #118  
TAMPA, FL 33624 US

## New Mailing Address:

FEI Number: 59-3372716      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAMPERS, DEAN  
2843 TIMBER KNOLL DR  
VALRICO, FL 33594 US

## Name and Address of New Registered Agent:

HAMPERS, DEAN  
2843 TIMBER KNOLL DR  
VALRICO, FL 33596 US

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.

SIGNATURE: DEAN HAMPERS

02/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HAMPERS, DEAN  
Address: 2843 TIMBER KNOLL DRIVE  
City-St-Zip: VALRICO, FL 33594

Title: VD ( ) Delete  
Name: HAMPERS, VALERIE  
Address: 2843 TIMBER KNOLL DR  
City-St-Zip: VALRICO, FL 33594

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: HAMPERS, DEAN  
Address: 2843 TIMBER KNOLL DRIVE  
City-St-Zip: VALRICO, FL 33596 US

Title: VD (X) Change ( ) Addition  
Name: HAMPERS, VALERIE  
Address: 2843 TIMBER KNOLL DR  
City-St-Zip: VALRICO, FL 335946 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DEAN HAMPERS

PD

02/08/2008

Electronic Signature of Signing Officer or Director

Date