

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90034 044 ***150.00

DOCUMENT # P96000070884

1. Entity Name

LAND & REALTY NETWORK, INC.



Principal Place of Business

130A WHITAKER RD.
LUTZ FL 33549
US

Mailing Address

130A WHITAKER RD.
LUTZ FL 33549
US

2. Principal Place of Business

3. Mailing Address

130 Whitaker Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite "A"

City & State

City & State

Lutz, Florida

Zip

Country

Zip

Country

33549

USA

4. FEI Number

59-3397625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JONES, KENNETH A
13213 TIFTON DRIVE
TAMPA FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME JONES, KENNETH A
STREET ADDRESS 13213 TIFTON DRIVE
CITY-ST-ZIP TAMPA FL 33618

TITLE P, D ☒ Change ☒ Addition
NAME Jones, Kenneth A.
STREET ADDRESS 13213 Tifton Drive
CITY-ST-ZIP Tampa, FL 33618

TITLE V ☐ Delete
NAME KHOYI, DARA
STREET ADDRESS 10012 FOUNTAIN CT.
CITY-ST-ZIP NEW PORT RICHEY FL 34654

TITLE S, D ☒ Change ☒ Addition
NAME Khoi, Dara
STREET ADDRESS 10012 Fountain Ctr
CITY-ST-ZIP New Port Richey, FL 34654

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Kenneth A Jones*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/3 909-0909 X41