2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000081507

1. Entity Name
LANDON DEVELOPMENT CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
800 SEAGATE DRIVE SUITE 302 NAPLES, FL 34103	POST OFFICE BOX 893 BLOOMFIELD HILLS, MI 48303

DO NOT WRITE IN THIS SPACE

01072004   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-3405120	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

ARONOFF, JANET
800 SEAGATE DRIVE
SUITE 302
NAPLES, FL 34103

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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	U00000143164 04/30/04-80080-025 150.00

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	ARONOFF, DANIEL
STREET ADDRESS	38500 WOODWARD AVE STE 310
CITY-ST-ZIP	BLOOMFIELD HILLS, MI 48304

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: _____   DANIEL J. ARONOFF   2-19-04   248 642-0190
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #