


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000082725	
1. Entity Name LAND RESOURCE MANAGEMENT, INC.	

Principal Place of Business 1808 WHISPERING PINES CIRCLE ENGLEWOOD, FL 34223	Mailing Address 1808 WHISPERING PINES CIRCLE ENGLEWOOD, FL 34223
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DO NOT WRITE IN THIS SPACE



04172006 No Chg-P CR2E034 (11/05)
4. FEI Number **65-0696015** Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**YUST, FRANK A
1808 WHISPERING PINES CIRCLE
ENGLEWOOD, FL 34223**

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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 reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUST, FRANK A 1808 WHISPERING PINES CIRCLE ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D YUST, JON H 1808 WHISPERING PINES CIRCLE ENGLEWOOD, FL 34223
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05/10/06-80108-007 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Frank Yust **FRANK YUST** 4-25-06 941 475 3956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #