


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004 8:00 am
Secretary of State

02-23-2004 90057 038 ***158.75

DOCUMENT # P96000093473	
1. Entity Name LANDROP MANAGEMENT CORP.	

Principal Place of Business 27304 GOUADALOUPE LANE RAMROD KEY, FL 33042	Mailing Address % WERNER MAECKELBURG 8 AUBRY ST SAUVEUR-DES MONTs, QUE, CA OC
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54009513

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address LANDROP MGMT. CORP. C/O WERNER MAECKELBURG Suite, Apt. #, etc. 8 AUBRY City & State SAINT - SAUVEUR, QUEBEC Zip JOR 1R6 Country CANADA
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01282004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0722950	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ODOM, KATHY C 29967 OVERSEAS HWY BIG PINE KEY, FL 33043	
7. Name and Address of New Registered Agent 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	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P MAECKELBURG, WERNER 8 AUBRY, ST-SAUVEUR-DES-MONTs QUEBEC, CANADA JOR 1R6, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Werner Maeckelburg* (**WERNER MAECKELBURG**) **FEB. 18, 2004**, **450-227-3823**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #