2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000043011

1. Entity Name

LANDTECH ENGINEERING, INC.



FILED Feb 05, 2007 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

8105 STATE ROAD 54

NEW PORT RICHEY, FL 34655 US

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NEW PORT RICHEY, FL 34655 US



DO NOT WRITE IN THIS SPACI

01192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3446258

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BUCK, PATRICIA O 8105 SR 54 NEW PORT RICHY, FL 34655

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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. the obligations of registered agent.	I am familiar with, and accept
the unigations 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, 2007 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS **PSTD** TITLE **BUCK, PATRICK O** NAME STREET ADDRESS 8105 SR 54 CITY-ST-ZIP NEW PORT RICHEY, FL 34655 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME.

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DO NOT WRITE IN THIS SPACE

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:

STREET ADDRESS CITY-ST-ZIP

Pat O Buca
IDENTITY OF PRINTED NAME OF BIGHING OFFICER OR DIRECTOR

1/23/07

(727) 375-14-14

Date