


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

<b>DOCUMENT # P99000038428</b> 1. Entity Name <b>LANDING APARTMENTS, INC.</b>	
---	---

Principal Place of Business <b>7304 GALL BLVD ZEPHYRHILLS, FL 33541</b>	Mailing Address <b>7304 GALL BLVD ZEPHYRHILLS, FL 33541</b>
--	--



03272006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-3511891</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>BINGHAM, JAMES H 7252 GALL BLVD. ZEPHYRHILLS, FL 33541</b>
--

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>000000527811 05/05/06-80011-008 150.00</b>
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BINGHAM, JAMES H 7930 MANASOTA KEY ENGLEWOOD, FL 34223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CHEEMA, PAVITAR S 38023 N. MEDICAL AVE. ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GROSSBARD, LEE J 37840 MEDICAL ARTS COURT ZEPHYRHILLS, FL 33541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCTAGGERT, JOHN 1612 CULBREATH ISLES DR. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, RONALD E P.O. BOX 4170 LAKE WALES, FL 33859
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OAKLEY, THOMAS E P.O. BOX 4170 LAKE WALES, FL 33859

**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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-19-06 813-789-2759**  
Date Daytime Phone #