


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 14, 2007 08:00 AM
Secretary of State**

STATEMENT # V16223		
Entity Name LAND DEVELOPMENTS, INC.		
Principal Place of Business 1640 S SCENIC HWY FROSTPROOF, FL 33843 US	Mailing Address 3444 E. LAKE RD. #412 PALM HARBOR, FL 34685 US	



DO NOT WRITE IN THIS SPACE

02122007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3109396	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DIMARCO, ROBERT CPA
3444 EAST LAKE RD.
#412
PALM HARBOR, FL 34685

**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

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIMARCO, C.A. 6 REDWOOD LANE WAPPINGEN FALLS, NY 12590
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIMARCO, ROBERT 3444 EAT LAKE RD. PALM HARBOR, FL 34685
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/23/07-80028-006 150.00

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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

VP

2-12-07

727-787-5290

Date

Daytime Phone #