## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 21, 2008 08:00 A Secretary of State DOCUMENT # V64633 1. Entity Name EDWARD A. LANDERS P.E., INC. Principal Place of Business Mailing Address **7850 NW 146TH STREET** 7850 NW 146TH STREET 509 509 MIAMI, FL 33016 MIAMI, FL 33016 US 01272008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0362306 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LANDERS, EDWARD A. DO NOT WRITE 7850 NW 146 ST STE 509 IN THIS SPACE MIAMI, FL 33016 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Recistered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 U00000909367 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME LANDERS, EDWARD A. STREET ADDRESS 7850 NW 146TH ST #509 CITY-ST-ZIP MIAMI, FL 33016 TITLE NAME LANDERS, NANCY STREET ADDRESS 7850 NW 146TH ST #509 CITY-ST-ZIP MIAMI, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP NAME. STREET ADDRESS

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:** 

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davima Phone #