


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2004 08:00 AM
Secretary of State

DOCUMENT # F92000000327	
1. Entity Name LANDLEASE CORPORATION	

Principal Place of Business P.O. BOX 358 TAMPA, FL 34222-0358	Mailing Address 2564 SUMMIT DRIVE #10670 JASPER, GA 30143
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01192004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-1014803	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

HANNEY, LAURENCE L CPA
 4815 CLOVERLAWN DRIVE
 TAMPA, FL 33624

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

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT CHISHOLM, A E 806 HOUNDSLAKE DRIVE AIKEN, SC 298035966
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV WHITE, HARRY C JR 2564 SUMMIT DRIVE #10670 JASPER, GA 30143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, BARBARA 806 HOUNDSLAKE DRIVE AIKEN, SC
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LINDA 2564 SUMMIT DRIVE #10670 JASPER, GA 30143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/22/04-80026-022 150.00

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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)(f), 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: *Harry C White Jr* 1/19/04 206-268-1214
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #