


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 03, 2005 8:00 am**  
**Secretary of State**

02-03-2005 90050 031 \*\*\*150.00

**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**

**00010319**



2. Principal Place of Business  
**P.O. Box 1538**  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 1538**  
 Suite, Apt. #, etc.

02012005 Chg-P CR2E034 (10/03)

City & State  
**Ponte Vedra Beach, Fl.**

City & State  
**Ponte Vedra Beach, Fl.**

Zip  
**32004**

Country  
**USA**

Zip  
**32004**

Country  
**USA**

4. FEI Number  
**56-1014803**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**HANNEY, LAURENCE L CPA  
 4615 CLOVERLAWN DRIVE  
 TAMPA, FL 33624**

7. Name and Address of New Registered Agent  
 Name  
**White, Jr. Harry C.**  
 Street Address (P.O. Box Number is Not Acceptable)  
**60 Village Walk**  
 City  
**Ponte Vedra Beach** **FL** Zip Code  
**32082**

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 *Harry C. White, Jr. Vice President* DATE **2/1/05**

Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	CPT CHISHOLM, A E 806 HOUNSLAKE DRIVE AIKEN, SC 298035966	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV WHITE, HARRY C JR 2564 SUMMIT DRIVE #10670 JASPER, GA 30143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHISHOLM, BARBARA 806 HOUNSLAKE DRIVE AIKEN, SC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, LINDA 2564 SUMMIT DRIVE #10670 JASPER, GA 30143	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>60 Village Walk Ponte Vedra Beach, Fl. 32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>60 Village Walk Ponte Vedra Beach, Fl. 32082</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.* DATE **2/1/05** DAYTIME PHONE # **904-280-8932**

Signature and typed or printed name of signing officer or director