


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90007 014 ***150.00

DOCUMENT # P05000094190

1. Entity Name
LANDMARK CONTRACTORS, INC.




Principal Place of Business
**11555 CENTRAL PARKWAY
 SUITE 1104
 JACKSONVILLE, FL 32224**

Mailing Address
**P O BOX 3153
 PONTE VEDRA BEACH, FL 32004**

2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



01102008 Chg-P CR2E034 (12/06)

4. FEI Number
20-3101869

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**O'CONNOR, MARK E
 12177 TRAVERTINE TRAIL
 JACKSONVILLE, FL 32223**

7. Name and Address of New Registered Agent

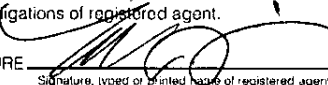
Name **O'CONNOR MARK E**

Street Address (P.O. Box Number is Not Acceptable)
12177 TRAVERTINE TR

JACKSONVILLE, FL 32223

City **FL** Zip Code

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  **MARK E O'CONNOR** DATE **1-10-08**

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, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, PIKE III			NAME			
STREET ADDRESS	11555 CENTRAL PARKWAY, SUITE 1104			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP			
TITLE	P/S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'CONNOR, MARK E			NAME			
STREET ADDRESS	11555 CENTRAL PARKWAY, SUITE 1104			STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE, FL 32224			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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:  **MARK E O'CONNOR** DATE **1-10-08** DAYTIME PHONE # **904 9989700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #