

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90024 011 ***150.00

DOCUMENT # P06000067520
 1. Entity Name
LANDMARK SERVICES, OF SOUTH WEST FLORIDA INC.



Principal Place of Business: **1950 NORTHGATE BOULEVARD UNIT D3 SARASOTA FL 34243**
 Mailing Address: **1950 NORTHGATE BOULEVARD UNIT D3 SARASOTA FL 34243**



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

1st MOORE CR2E034 (10/07)

3. Mailing Address
 City & State
 Zip Country

4. FEI Number **20-4876483**
 Applied For
 Not Applicable

6. Name and Address of Current Registered Agent
ALBRECHT, MARK
1950 NORTHGATE BOULEVARD
UNIT D3
SARASOTA FL 34243

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ 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, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	D CRIPE, RICK R 3 BOX 28 VANDALIA IL 62471 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOLL, ROBERT 4414 31ST PLACE EAST PALMETTO FL 34221 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALBRECHT, MARK PO BOX 83 BRADENTON FL 34206 <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
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Remove</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained in Section 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 Cripe* *President* 2/4/2008 *941-358-8393*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #