

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000084201

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: LANDMARK MANAGEMENT SERVICES INC.

**Current Principal Place of Business:**

1941 NW 150 AVE  
PEMBROKE PINES, FL 33028 US

**New Principal Place of Business:**

**Current Mailing Address:**

1941 NW 150 AVE  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

FEI Number: 65-0452392      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SONNEBORN, KENT  
1941 NW 150 AVE  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SONNEBORN, KENT  
Address: 11901 NW 13TH CT  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SONNEBORN, KENT  
Address: 1941 NW 150 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: S ( ) Change (X) Addition  
Name: SONNEBORN, BRAD  
Address: 1941 NW 150 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

Title: T ( ) Change (X) Addition  
Name: BODNAR, STEPHEN  
Address: 1941 NW 150 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KENT SONNEBORN

D

04/29/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date