


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2005 8:00 am
Secretary of State

01-19-2005 90001 007 ***150.00

DOCUMENT # P95000080269

1. Entity Name
LANDMARK HOMES, INC.



Principal Place of Business Mailing Address

101 PLANTATION DR **101 PLANTATION DR**
PONTE VEDRA BCH, FL 32082 US **PONTE VEDRA BCH, FL 32082 US**

50003399

2. Principal Place of Business 3. Mailing Address


11555 CENTRAL PARKWAY **PO BOX 3153**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

JAX., FL **PONTE VEDRA BEACH**
 Zip Zip Country Country

6. Name and Address of Current Registered Agent

HALL, PIKE
101 PLANTATION DR
PONTE VEDRA BCH, FL 32082



01112005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

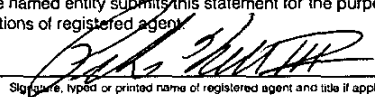
59-3346924 Not Applicable

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

7. Name and Address of New Registered Agent

Name **DIKE HAN**
 Street Address (P.O. Box Number is Not Acceptable) **138 MURFIELD DR**
 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:  DATE: **1/11/05**

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, 2005 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	P <input type="checkbox"/> Delete	TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, PIKE	NAME	HALL, PIKE
STREET ADDRESS	101 PLANTATION DR	STREET ADDRESS	138 MURFIELD DR
CITY-ST-ZIP	PONTE VEDRA BCH, FL	CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	S <input type="checkbox"/> Delete	TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRAGUE, FRED	NAME	SPRAGUE, FRED
STREET ADDRESS	101 PLANTATION DRIVE	STREET ADDRESS	11555 CENTRAL PARKWAY, STE 1104
CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082	CITY-ST-ZIP	JAX., FL 32224
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 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:  DATE: **1/11/05** DAYTIME PHONE #: **904 280 9901**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR