


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 300243**  
 1. Entity Name  
**LANDMARK INVESTMENTS, INC.**



Principal Place of Business      Mailing Address  
**P O BOX 31**                              **P O BOX 31**  
**WINTER HAVEN, FL 33882-7031**      **WINTER HAVEN, FL 33882-7031**



01312008    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**59-1155263**       Not Applicable

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

6. Name and Address of Current Registered Agent  
**ADAMS, ROBERT E.**  
**P O BOX 31**  
**808 HOWARD TERR. N W**  
**WINTER HAVEN, FL 33882-7031**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file if applicable

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ADAMS, WILLIAM G.
STREET ADDRESS	1700 ELOISE LOOP ROAD
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VSD
NAME	ADAMS, JOHN PAUL
STREET ADDRESS	7 PEACHTREE LN., NE
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VTD
NAME	ADAMS, ROBERT E.
STREET ADDRESS	808 HOWARD TERRACE, NW
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 another like empowered.

SIGNATURE: *Robert E. Adams*      *mar 1-06*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #