

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90186 041 \*\*\*150.00

**DOCUMENT # 545713**

1. Entity Name

LANDMARK BROKERS, INC.



Principal Place of Business

9384 N 56TH ST  
#2  
Delete  
TEMPLE TERR FL 33617

Mailing Address

9384 N 56TH ST  
#2  
Delete  
TEMPLE TERR FL 33617

30043010

2. Principal Place of Business

1200 WEST PLATT ST.

Suite, Apt. #, etc.

Suite 204

City & State

Tampa FL

Zip

33606

Country

USA

3. Mailing Address

1200 WEST PLATT ST.

Suite, Apt. #, etc.

Suite 204

City & State

Tampa FL

Zip

33606

Country

USA



1st MOORE

CR2E034 (10/04)

4. FEI Number

59-1767893

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, JAMES  
9384 N 56TH ST  
TEMPLE TERRACE FL 33617

7. Name and Address of New Registered Agent

Name

Edwards, James

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

1200 WEST PLATT ST.

Suite 204

City Tampa

FL

Zip Code  
33606

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

James Edwards

James Edwards

3-2-2005

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 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	PD	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, JAMES	
STREET ADDRESS	9384 N 56TH ST	
CITY-ST-ZIP	TEMPLE TERR, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	EDWARDS, BETSY	
STREET ADDRESS	212 S. TREASURE DR.	
CITY-ST-ZIP	TAMPA FL 33609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	James Edwards, James	
STREET ADDRESS	P.O. BOX 3145	
CITY-ST-ZIP	Tampa, FL 33601	
TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Edwards, Betsy	
STREET ADDRESS	P.O. Box 3145	
CITY-ST-ZIP	Tampa, FL 33601	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

James Edwards President/Director - James Edwards

3-2-2005

813-988-7194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #