

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # 611279

1. Entity Name  
LANDMARK DEVELOPMENT OF PALM BEACH INC.



Principal Place of Business

C/O OMAR DEL RIO, CPA  
2324 SOUTH CONGRESS AVE., SUITE 2C  
WEST PALM BEACH, FL 33406

Mailing Address

C/O OMAR DEL RIO, CPA  
2324 SOUTH CONGRESS AVE., SUITE 2C  
WEST PALM BEACH, FL 33406

FILED  
May 05, 2004 08:00 AM  
Secretary of State



04292004 No Chg-P CR2E034 (10/03)

4. FEL Number  
59-2487004

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEL RIO, OMAR, CPA  
2324 SOUTH CONGRESS AVENUE  
SUITE 2C  
WEST PALM BEACH, FL 33406

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

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, 2004 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

000000157110  
05/06/04-80013-019 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DPS  
FAUST, ROBERT L.  
2324 S CONGRESS AVE., SUITE 2C  
WEST PALM BEACH, FL 33406

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE

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: Robert L. Faust - ROBERT L. FAUST

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 30, 2004

Date

(561) 439-5500

Daytime Phone #