


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 844573 1. Entity Name THE LANDMARKS GROUP GENERAL CORPORATION	
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Principal Place of Business 121 W. TRADE SUITE 2550 CHARLOTTE, NC 28202 US	Mailing Address 121 W. TRADE SUITE 2550 CHARLOTTE, NC 28202 US
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01072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1275875	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**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 title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC FAISON, HENRY J 121 W. TRADE, STE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP NORWOOD, PHILIP W 121 W. TRADE, STE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHITAKER, BILLIE R 121 W. TRADE, STE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV ALLEN S JACKSON JR 121 W. TRADE, STE 2550 CHARLOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FARMER, NANCY L 121 W. TRADE, STE 2550 CHALOTTE, NC 28202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/26/04-80146-024 150.00

**DO NOT WRITE
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)(f), 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: Nancy L. Farmer NANCY L. FARMER 4/12/2004 784-972-2500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #