


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # K36628 1. Entity Name NC LANDMARK, INC.	
--	---

Principal Place of Business 1402 DELLWOOD ROAD WAYNESVILLE, NC 28786	Mailing Address 1402 DELLWOOD RD WAYNESVILLE, NC 28786
--	--

**DO NOT WRITE IN THIS SPACE**



01292004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2910518	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LECHNER, BERNARD J. 2115 RANGE RD CLEARWATER, FL 33765	<b>DO NOT WRITE IN THIS SPACE</b>
---	---------------------------------------

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
--	--	------------

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000062411 02/23/04-80120-013 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUCHMAN, JACOB M. 811-A SO. OREGON AVE TAMPA, FL 33606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD WIGHTMAN, W. S. 2115 RANGE RD CLEARWATER, FL 33765
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WIGHTMAN, W.S. JR 1402 DELLWOOD RD WAYNESVILLE, NC 28786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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)(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:  W.S. Wightman, SR	Date: 2-16-04	Daytime Phone #: 926-6070
--	---------------	---------------------------