2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
04 MAY -6 PM 6:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L22915

1. Entity Name
LANDCOM HOSPITALITY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US	4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US

04232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2978391 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

~~TOOMEY, MARY A~~
4314 PABLO OAKS COUT
JACKSONVILLE, FL 32224

7. Name and Address of New Registered Agent

Name Nanette Putnam Orlins
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 Nanette P. Orlins Nanette P. Orlins VP/Treasurer 4-28-04
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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC O'STEEN, H.KENNETH 4314 PABLO OAKS COURT JACKSONVILLE, FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400036081024 05/12/04--01013--013 **793.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTVS TOOMEY, MARY A. 4314 PABLO OAKS CT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'STEEN, LINDA M 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FONDE, HENRY B., JR. 4314 PABLO OAKS CT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHNSON, CHARLES R 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT Nanette Putnam Orlins 4314 Pablo Oaks Court Jacksonville, Florida 32224 ☐ Change ☒ Addition

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: Nanette P. Orlins 4-28-04 904-997-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #