2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

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

04152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

ORLINS, NANETTE P
4314 PABLO OAKS COUT
JACKSONVILLE, FL 32224

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. *(NOTE: Registered Agent signature required when reinstating)*

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000912512
05/07/08-80095-002 150.00

10. OFFICERS AND DIRECTORS

TITLE	DC
NAME	O'STEEN, H.KENNETH
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	TOOMEY, MARY A.
STREET ADDRESS	4314 PABLO OAKS CT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	PD
NAME	JOHNSON, CHARLES R
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	VST
NAME	ORLINS, NANETTE P
STREET ADDRESS	4314 PABLO OAKS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *I hereby certify* that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 4-15-08 904-992-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #