## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L22915

Entity Name: LANDCOM HOSPITALITY MANAGEMENT, INC.

FILED Mar 12, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US **Current Mailing Address: New Mailing Address:** 4314 PABLO OAKS COURT JACKSONVILLE, FL 32224 US FEI Number: 59-2978391 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ORLINS, NANETTE P 4314 PABLO OAKS COUT JACKSONVILLE, FL 32224 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete () Change () Addition O'STEEN, H.KENNETH Name: Name: 4314 PABLO OAKS COURT Address: Address: City-St-Zip: JACKSONVILLE, FL City-St-Zip: Title: Title: () Delete (X) Change ( ) Addition TOOMEY, MARY A., Name: Name: JOHNSON, CHARLES R 4314 PABLO OAKS CT 4314 PABLO OAKS CT Address: Address: JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32224 City-St-Zip: City-St-Zip: Title: Title: PD ( ) Delete VST (X) Change ( ) Addition JOHNSON, CHARLES R ORLINS, NANETTE P Name: Name: 4314 PABLO OAKS COURT 4314 PABLO OAKS COURT Address: Address: City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: VST ( ) Delete Title: (X) Change ( ) Addition ORLINS, NANETTE P FONDE, HANK Name: Name: Address: 4314 PABLO OAKS COURT Address: 4314 PABLO OAKS COURT City-St-Zip: JACKSONVILLE, FL 32224 City-St-Zip: JACKSONVILLE, FL 32224 Title: Title: () Delete ( ) Change (X) Addition Name: Name: KIKER, MAX Address: 4314 PABLO OAKS COURT Address: City-St-Zip: City-St-Zip: JACKSONIVLLE, FL 32224 Title: () Delete Title: ( ) Change (X) Addition TOOMEY, MARY Name: Name: 4314 PABLO OAKS COURT Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32224

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANETTE P. ORLINS VST 03/12/2009