2010 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2010
Secretary of State

DOCUMENT# L22915

Entity Name: LANDCOM HOSPITALITY MANAGEMENT, INC.

Current Principal Place of Business:

4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US

New Principal Place of Business:

Current Mailing Address:

4314 PABLO OAKS COURT
JACKSONVILLE, FL 32224 US

New Mailing Address:

FEI Number: 59-2978391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Title: DC
Name: O'STEEN, H.KENNETH
Address: 4314 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL

Title: DP
Name: JOHNSON, CHARLES R
Address: 4314 PABLO OAKS CT
City-St-Zip: JACKSONVILLE, FL 32224

Title: VST
Name: ORLINS, NANETTE P
Address: 4314 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: V
Name: FONDE, HANK
Address: 4314 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

Title: V
Name: TOOMEY, MARY
Address: 4314 PABLO OAKS COURT
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: NANETTE P ORLINS VST 02/23/2010

Electronic Signature of Signing Officer or Director Date