

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010724

1. Entity Name
LAND MAINTENANCE CORP.



Principal Place of Business
**672 E DUVAL ST
LAKE CITY, FL 32055**

Mailing Address
**P O BOX 3176
LAKE CITY, FL 32056-3176**



01292007 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-3669379

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BULLARD, AUDREY S
2753 W US HWY 90
LAKE CITY, FL 32055**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
KHACHIGAN, MARTHA JO
362 NW STREAMSIDE CT
LAKE CITY, FL 32055**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BULLARD, AUDREY S
P O BOX 766
LAKE CITY, FL 320560766**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
LANE, SUE D
461 SW HARMONY LN
LAKE CITY, FL 32025**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BULLARD, CHRIS A
P O BOX 1432
LAKE CITY, FL 320561432**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: *Sue D Lane* **Sue D. Lane**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-30-07

Date

386-752-4339

Daytime Phone #

000000618961
02/08/07-80052-006 61.25

**DO NOT WRITE
IN THIS SPACE**