


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 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	



02112008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3669379	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U00000832325
02/27/08-80055-001 61.25

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 320580766
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	

**DO NOT WRITE
IN THIS SPACE**

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** 2-15-08 386-752-4339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #