

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010724

FILED  
Mar 06, 2009  
Secretary of State

Entity Name: LAND MAINTENANCE CORP.

## Current Principal Place of Business:

672 E DUVAL ST  
LAKE CITY, FL 32055

## New Principal Place of Business:

## Current Mailing Address:

P O BOX 3176  
LAKE CITY, FL 320563176

## New Mailing Address:

FEI Number: 20-3669379

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KHACHIGAN, MARTHA JO  
Address: 362 NW STREAMSIDE CT  
City-St-Zip: LAKE CITY, FL 32055

Title: SD ( ) Delete  
Name: BULLARD, AUDREY S  
Address: P O BOX 766  
City-St-Zip: LAKE CITY, FL 320560766

Title: TD ( ) Delete  
Name: LANE, SUE D  
Address: 461 SW HARMONY LN  
City-St-Zip: LAKE CITY, FL 32025

Title: D ( ) Delete  
Name: BULLARD, CHRIS A  
Address: P O BOX 1432  
City-St-Zip: LAKE CITY, FL 320561432

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AUDREY S BULLARD

D

03/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date