

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 06, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000045174

1. Entity Name
LANDMARK FINANCIAL SERVICES, INC.



Principal Place of Business

121 FAIRFIELD WAY
300
BLOOMINGDALE, IL 60108

Mailing Address

121 FAIRFIELD WAY
300
BLOOMINGDALE, IL 60108



03022004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
36-4248796

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PROVIDENCE, TERESA
201 SE 3RD AVE
POMPANO BEACH, FL 33060

**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 the obligations of registered agent.

SIGNATURE

Teresa J. Providence

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-4-04

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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
CEO
HANSON, BRYAN W
121 FAIRFIELD WAY
BLOOMINGDALE, IL 60108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
VANCE, DAVE
121 FAIRFIELD WAY
BLOOMINGDALE, IL 60108

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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03/08/04-00114-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bryan Hanson

Date

3-2-04

Daytime Phone #

630-529-7700