
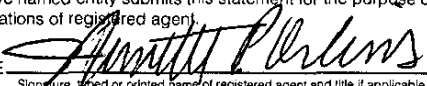



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P00000075281</b> 1. Entity Name <b>LANDCOM HOSPITALITY - II, INC.</b>						<b>FILED</b> <b>04 MAY -6 PM 6:44</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>4314 PABLO OAKS CT.</b> <b>JACKSONVILLE, FL 32224</b>				Mailing Address <b>4314 PABLO OAKS CT.</b> <b>JACKSONVILLE, FL 32224</b>			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State Zip      Country				4. FEI Number <b>59-3689731</b>			
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> <b>TOOMEY, MARY A</b> <b>4310 PABLO OAKS CT.</b> <b>JACKSONVILLE, FL 32224</b>				<b>7. Name and Address of New Registered Agent</b> Name <b>Nanette Putnam Orlins</b> Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code			
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  DATE <b>4-28-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'STEEN, H. KENNETH JR. 4314 PABLO OAKS CT. JACKSONVILLE, FL 32224 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300036081113</b> <b>05/12/04--01013--013 **793.75</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMEY, MARY A 4314 PABLO OAKS CT. JACKSONVILLE, FL 32224 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D UVA, KENNETH J 1209 ORANGE ST. WILMINGTON, DE 19801 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST Charles R. Johnson 4314 Pablo Oaks Court Jacksonville, Florida 32224 <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Date <b>4-28-04</b> Daytime Phone # <b>904-992-3700</b>			