

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

DOCUMENT # P01000014467

1. Entity Name
LANDMARK-HENDRICKS DEVELOPMENT, INC.



05-03-2006 90236 006 ***150.00

Principal Place of Business
211 NURMI DRIVE
FORT LAUDERDALE, FL 33301

Mailing Address
211 NURMI DRIVE
FORT LAUDERDALE, FL 33301



04262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

1324 Bayview Drive
Suite, Apt. #, etc.

3. Mailing Address

1324 Bayview Drive
Suite, Apt. #, etc.

City & State
Ft. Lauderdale FL

City & State
Ft. Lauderdale FL

4. FEI Number
65-1076420

Applied For
Not Applicable

Zip
33304

Country
USA

Zip
33304

Country
USA

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

6. Name and Address of Current Registered Agent

LEGAL INFORMATION SERVICES, INC.
2500 WESTON RD. SUITE 404
WESTON, FL 33331

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

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

(NOTE: Registered Agent signature required when reissuing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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
D
HENDRICKS, JEFFREY M
211 NURMI DRIVE
FT. LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BELLET, MICHAEL
36 FIESTA WAY
FT. LAUDERDALE, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Hendricks, Jeffrey M.
1324 Bayview Drive
Ft. Lauderdale, FL 33304 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 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

4/26/06

Date

(954) 640-1973

Daytime Phone #