

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90292 003 ***150.00

DOCUMENT # P02000081010 1. Entity Name LANDFALL MARKETING, INC.			
Principal Place of Business 5605 SPANISH POINT CT. PALMETTO, FL 34221		Mailing Address 5605 SPANISH POINT CT. PALMETTO, FL 34221	
2. Principal Place of Business 7501 91st Street East Suite, Apt. #, etc.		3. Mailing Address 7501 91st Street East Suite, Apt. #, etc.	
City & State Palmetto, FL Zip Country 34221 USA		City & State Palmetto, FL Zip Country 34221 USA	
4. FEI Number 32-0024553		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent THORNTON, CONSTANCE 5605 SPANISH POINT COURT PALMETTO, FL 34221		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7501 91st Street East City Palmetto FL Zip Code 34221	
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 <u>Constance Thornton</u> DATE <u>3-03-05</u> Signature, typed or printed name of registered agent and the corporation. (NOTE: Registered Agent signature is required when changing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D THORNTON, CONSTANCE 5605 SPANISH POINT COURT PALMETTO, FL 34221	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Thornton, Constance 7501 91 st Street East Palmetto, FL 34221
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CARR, GRANT A 2344 N WOLFENBARE DR VIRGINIA BCH, VA 23454	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <u>Constance Thornton</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: <u>3-03-05</u> Date	

813-363-2978