

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90057 032 \*\*\*150.00

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04012005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000036658			
1. Entity Name LANDMARK LENDERS, INC.			
Principal Place of Business 5727 CORTEZ ROAD SUITE 4 BRADENTON, FL 34210		Mailing Address 1407 83RD ST NW BRADENTON, FL 34209	
2. Principal Place of Business 5715 Cortez Rd. W. Suite, Apt. #, etc.		3. Mailing Address 5715 Cortez Rd. W. Suite, Apt. #, etc.	
City & State Bradenton, FL Zip 34210 Country Manatee		City & State Bradenton, FL Zip 34210 Country Manatee	
4. FEI Number 20-0720172		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WOLF, GARY S 1407 83RD ST NW BRADENTON, FL 34207		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 		Gary Wolf / CEO 04/05/05 DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEOP WOLF, GARY S 1407 83RD ST NW BRADENTON, FL 34207 <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	ST WOLF, LORI J 1407 83RD ST NW BRADENTON, FL 34207 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: 		Gary S. Wolf 04/05/05 941-792-3702 Date Daytime Phone #	