2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000145041

SIGNATURE:



FILED
Mar 28, 2006 8:00 am
Secretary of State
03-28-2006 90108 015 ***150.00

Date

Daytime Phone #

1. Entity Name LANDMARK DESIGNS AUDIO VIDEO SPECIALISTS, INC.								
Principal Place of Business 230 SOUTH LAKE PARKER AVENUE LAKELAND, FL 33801 US		Mailing Address 230 SOUTH LAKE PARKER AVENUE LAKELAND, FL 33801 US		J. v.		EI HEN STOUL BOW OL	URA BUBBL RAÎ)U	et i ik i ne i
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, ctc.		Suite, Apt, # etc.		03022006	Chg-P	CR2E034 (
City & State		City & State		4. FEI Number 20-177		Applied For Not Applicable		
Zip	Country	Zıp	Country	5. Certificate	of Status Desired		.75 Addit Required	
	6. Name and Address of Current	Registered Agent	Nama	7. Name and	Address of New R	Registered Ager	1t	
5765 LAKE	VILLIAM JR EVICTORIA DRIVE D. FL 33813		Name Street Addr	ess (P.O. Box Numb	er is Not Acceptable	e)		
			City	m else .		r L	Zip Code	
	named entity submits this statement folions of registered agent. Sphature, typed or printed name of registered agent is		egistered office or reg		th, in the State of Fig	orida. I am fami DATE	liar with, a	ind accept
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaig Trust Fund Contril		\$5.00 May Be Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS	CHANGES TO OFF	FICERS AND DIF	RECTORS	IN 11
TITLE MAME STREET ADDRESS CITY-ST-ZIP	DIR TURPIN, WILLIAM JR 5765 LAKE VICTORIA DRIVE LAKELAND, FL 33813	C Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			*	enange	Addition
THEE NAME STREET ADDRESS CITY-ST-ZIP	VP HAILAND, DANIEL 847 BUTTERCUP DR LAKELAND, FL 32801	☐ Delete	NAME	COKELA HOLLANT HOLLANT	בעלחה ה	32.801] C hange	Addition
NAME STREET ADDRESS CITY-ST-7IP	P ZENTARAF, KEVIN 6942 PALMINO DRIVE LAKELAND, FL 33811	☐ Delete			AF, KEUIN PALOMIN	12 DIF	l Cha nge	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Oelete	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
12. I hereby indicated of the corchanged	certify that the information supplied with on this report or supplemental report is reporation or the receiver or trustee emp or on an attachment with an address	this filing does not qualify for true and accurate and that movered to execute this report a with all other like empowered.	the exemptions con by signature shall have as required by Chapti	tained in Chapter 11 e the same legal effe er 607, Florida Statut	9, Florida Statutes. ct as if made under es; and that my nan	I further certify oath; that I am and appears in Bl	hat the in an officer lock 10 or	formation or director Block 11 if