

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90196 038 ***150.00

DOCUMENT # P05000094190

1. Entity Name
LANDMARK CONTRACTORS, INC.



Principal Place of Business
**11555 CENTRAL PARKWAY
SUITE 1104
JACKSONVILLE, FL 32224**

Mailing Address
**P O BOX 3153
PONTE VEDRA BEACH, FL 32004**

60001001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01102007

Chg-P

CR2E034 (12/06)

4. FEI Number
20-3101869

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HALL, PIKE III
138 MUIRFIELD DRIVE
PONTE VEDRA BEACH, FL 32082**

Name **O'CONNOR, MARK E.**

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

12177 TRAVERTINE TRAIL

City **JACKSONVILLE**

FL

Zip Code **32223**

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 **MARK E. O'CONNOR**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/9/07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **T** ☐ Delete
NAME **HALL, PIKE III**
STREET ADDRESS **11555 CENTRAL PARKWAY, SUITE 1104**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE **P/S** ☐ Delete
NAME **O'CONNOR, MARK E**
STREET ADDRESS **11555 CENTRAL PARKWAY, SUITE 1104**
CITY-ST-ZIP **JACKSONVILLE, FL 32224**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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: **Mark E. O'Connor**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/9/07

904 9989700