


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 19, 2006 8:00 am
Secretary of State

05-09-2006 90071 046 ***150.00

DOCUMENT # P05000136135					
1. Entity Name AMERICAN LANDMARK STORES, INC.					
Principal Place of Business 8649 N. HIMES AVE #1316 TAMPA FL 33614 US			Mailing Address P. O. BOX 273102 TAMPA FL 33688 US		
2. Principal Place of Business 14609 N Nebraska			3. Mailing Address PO BOX 273102		
Suite, Apt. #, etc.			Suite, Apt. #, etc. Tampa FL 33688		
City & State Tampa FL			City & State Tampa FL 33688		
Zip FL	Country USA	Zip 33688	Country USA	4. FEI Number 20-3541685	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent PEREZ, CRISTINO L 4003 SAND PALM CT TAMPA FL 33624			7. Name and Address of New Registered Agent Name Frank Hartman Street Address (P.O. Box Number is Not Acceptable) 8649 N Himes Ave #1316 City Tampa FL 33614		
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><i>Frank Hartman</i></u> (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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	P HARTMAN, FRANK L P O BOX 273102 TAMPA FL 33688	<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	S HARTMAN, FRANK L P O BOX 273102 TAMPA FL 33688	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 807, 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><i>Frank Hartman</i></u>			Date <u>6/14/06</u> Daytime Phone # _____		

813-453-0961