

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2007 8:00 am**  
**Secretary of State**

05-11-2007 90020 019 \*\*\*150.00

DOCUMENT # P05000136135

1. Entity Name

AMERICAN LANDMARK STORES, INC.



Principal Place of Business

14609 N NEBRASKA  
TAMPA FL 33614  
US

Mailing Address

P.O. BOX 273102  
TAMPA FL 33688  
US



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

8649 N Himes Ave

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 1316

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL 33614

City & State

Tampa FL 33614

Zip

FL Hillsborough

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number 20-3541685

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

HARTMAN, FRANK  
8644 N HINES AVE 1316  
TAMPA FL 33614

Hartman Frank  
8649 N Himes Ave  
# 1316  
Tampa FL 33614

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 Frank Hartman

Frank Hartman PPS

4/24/07

Signature, typed or printed name of registered agent and file number (if applicable).

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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	P	<input type="checkbox"/> Delete
NAME	HARTMAN, FRANK L	
STREET ADDRESS	P O BOX 273102	
CITY - ST - ZIP	TAMPA FL 33688	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARTMAN, FRANK L	
STREET ADDRESS	P O BOX 273102	
CITY - ST - ZIP	TAMPA FL 33688	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 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:

Frank Hartman PPS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-453-0961