

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 10, 2008 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                           |                                 |                                                                     |                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|---------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P05000136135</b><br>1. Entity Name<br><b>AMERICAN LANDMARK STORES, INC.</b>                                                                                                                                     |                                                           |                                 |                                                                     |                                                                                                                                      |  |
| Principal Place of Business<br><b>8649 N. HIMES AVE<br/>#1316<br/>TAMPA FL 33614<br/>US</b>                                                                                                                                   |                                                           |                                 | Mailing Address<br><b>P.O. BOX 273102<br/>TAMPA FL 33688<br/>US</b> |                                                                                                                                      |  |
| 2. Principal Place of Business - No P.O. Box #<br>Suite, Apt. #, etc.                                                                                                                                                         |                                                           |                                 | 3. Mailing Address<br>Suite, Apt. #, etc.                           |                                                                                                                                      |  |
| City & State                                                                                                                                                                                                                  |                                                           |                                 | City & State                                                        |                                                                                                                                      |  |
| Zip                                                                                                                                                                                                                           |                                                           | Country                         |                                                                     | Zip                                                                                                                                  |  |
| Country                                                                                                                                                                                                                       |                                                           | Country                         |                                                                     | 4. FEI Number <b>20-3541685</b><br><input type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable                   |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                               |                                                           |                                 |                                                                     | 1st MOORE CR2E034 (10/07)                                                                                                            |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HARTMAN, FRANK<br/>8649 N. HIMES AVE<br/>#1316<br/>TAMPA FL 33614</b>                                                                                               |                                                           |                                 |                                                                     | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ DATE _____<br><small>Signature typed or printed name of registered agent and title (if applicable) (If OFF Registered Agent signature required when not using 9)</small>                                      |                                                           |                                 |                                                                     |                                                                                                                                      |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>                                                                               |                                                           |                                 |                                                                     | 9. Election Campaign Financing <b>\$5.00</b> May Be<br>Trust Fund Contribution <input type="checkbox"/> Added to Fees                |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                    |                                                           |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11               |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | P<br>HARTMAN, FRANK L<br>P O BOX 273102<br>TAMPA FL 33688 | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | S<br>HARTMAN, FRANK L<br>P O BOX 273102<br>TAMPA FL 33688 | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | [Empty]                                                   | <input type="checkbox"/> Delete |                                                                     |                                                                                                                                      |  |

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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* **Frank Hartman** 4/7/08 813-453-0961  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR