


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 24, 2005 08:00 AM
Secretary of State**

DOCUMENT # P05945 1. Entity Name GOLDEN LANDMARK CORPORATION		
Principal Place of Business 785 117TH TERR N SAINT PETERSBURG, FL 33716 US		Mailing Address PO BOX 21406 ST. PETERSBURG, FL 33742 US
DO NOT WRITE IN THIS SPACE		
5. Name and Address of Current Registered Agent KASTES, PAUL F 785 117TH TERR N SAINT PETERSBURG, FL 33716		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when rehashing)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fee
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIRST INDEPENDENT TRUST 7 ABRAHAM DE VEERSTRAAT CURACAO, NETH. ANT.,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT GHAZZAWI, BELAL T. ABC BUILDING DAMMAM, SAUDI ARABIA,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ASLAM, MUHAMMAD ABC BUILDING DAMMAM, SAUDI ARABIA, 31411	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2532346

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000242200
02/24/05-80078-014 150.00

**DO NOT WRITE
IN THIS SPACE**

1/12/05 5761029
Day Daytime Phone #