

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000065169

1. Entity Name

LANDMARK REALTY OF PLANT CITY, INC.



Principal Place of Business

3502 HENDERSON BLVD., STE. 300
TAMPA, FL 33609

Mailing Address

3502 HENDERSON BLVD., STE. 300
TAMPA, FL 33609



02262008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-4879043

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHADWICK, KEVIN L.
3502 HENDERSON BLVD., STE. 300
TAMPA, FL 33609

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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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000856566
03/28/08-80017-009 150.00

10. OFFICERS AND DIRECTORS

TITLE D
NAME CHADWICK, KEVIN L.
STREET ADDRESS 3502 HENDERSON BLVD., STE. 300
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME MCGRATH, MAC
STREET ADDRESS 3502 HENDERSON BLVD., STE. 300
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME HARRIS, LAURA
STREET ADDRESS 3502 HENDERSON BLVD., STE. 300
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME MORRISON, PATRICIA A.
STREET ADDRESS 3502 HENDERSON BLVD., STE. 300
CITY-ST-ZIP TAMPA, FL 33609

TITLE D
NAME ADAMS, NICOLE
STREET ADDRESS 505 N FRANKLIN ST
CITY-ST-ZIP PLANT CITY, FL 33563

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 19, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(813) 759-1200
Daytime Phone #

3/1/08