


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jun 23, 2008 8:00 am
Secretary of State

05-27-2008 90036 031 ***150.00

DOCUMENT # P06000074980	
1. Entity Name LANDMARK CARRIERS, INC.	

Principal Place of Business 9550 REGENCY SQ. BLVD., #1107 JACKSONVILLE, FL 32225	Mailing Address 9550 REGENCY SQ. BLVD., #1107 JACKSONVILLE, FL 32225
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DO NOT WRITE IN THIS SPACE



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4983955	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LOTT, WENDELL
9550 REGENCY SQ. BLVD., #1107
JACKSONVILLE, FL 32225**

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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 _____ DATE _____

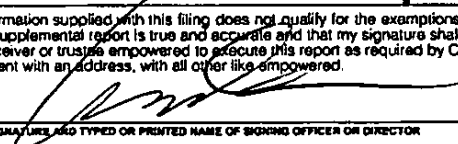
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LOTT, WENDELL 9550 REGENCY SQ. BLVD., #1107 JACKSONVILLE, FL 32225
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone _____