## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 02, 2004 08:00 AM Secretary of State DOCUMENT # P94000037089 1. Entity Name LANDMARK PROPERTIES AND INVESTMENTS, INC. Principal Place of Business Mailing Address 801 N ANDREWS AVE 801 N ANDREWS AVE FT LAUDERDALE, FL 33311 FT LAUDERDALE, FL 33311 HS 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0490553 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SERRATT, OLEN H DO NOT WRITE 801 N ANDREWS AVE FT LAUDERDALE, FL 33311 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME SERRATT, OLEN H STREET ADDRESS 801 N ANDREWS AVE U00000026361 02/03/04-80005-004 150.00 CITY-ST-ZIP FT LAUDERDALE, FL 33311 TITLE OBRIG, MARILYNN NAME STREET ADDRESS 801 N ANDREWS AVE CITY-ST-ZIP FT LAUDERDALE, FL 33311 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME

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 eppowered 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 attac

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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**FILED**