

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000063054

FILED
May 04, 2005
Secretary of State

Entity Name: LANDMARK TITLE AGENCY, INC.

Current Principal Place of Business:

96 WILLARD STREET
SUITE 302
COCOA, FL 32922

New Principal Place of Business:

400 EAST MERRITT AVENUE
SUITE C
MERRITT ISLAND, FL 32953

Current Mailing Address:

96 WILLARD STREET
SUITE 302
COCOA, FL 32922

New Mailing Address:

400 EAST MERRITT AVENUE
SUITE C
MERRITT ISLAND, FL 32953

FEI Number: 59-3268430

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, MITCHELL S
96 WILLARD STREET
SUITE 302
COCOA, FL 32922 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BENNETT, KOHN
Address: 4080 OLD SETTLEMENT ROAD
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: GOLDMAN, MITCHELL S
Address: 22 RENEE COURT
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: AMARI, RICHARD S
Address: 553 JILLOTUS STREET
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D () Delete
Name: THERIAC, JAMES S
Address: 70 LANTERNBACK ISLAND DRIVE
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D () Delete
Name: SALICK, MICHELE B
Address: 956 SANTA CRUZ RD
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE B. SALICK

D

05/04/2005

Electronic Signature of Signing Officer or Director

Date