

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000010087

1. Entity Name  
LANDEX OF JACKSONVILLE, INC.



Principal Place of Business  
801 INTERNATIONAL DR  
SUITE 110  
LINTHICUM, MD 21090

Mailing Address  
801 INTERNATIONAL DR  
SUITE 110  
LINTHICUM, MD 21090

FILED

2007 JUL 10 PM 12:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



07052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0637242

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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

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  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SIEGEL, JUDITH S
STREET ADDRESS	801 INTERNATIONAL DR, SUITE 110
CITY-ST-ZIP	LINTHICUM, MD 21090
TITLE	V
NAME	SIEGEL, PETER S
STREET ADDRESS	801 INTERNATIONAL DR, SUITE 110
CITY-ST-ZIP	LINTHICUM, MD 21090
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

700106003887  
07/12/07--01024--020 \*\*1450.00

**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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Siegel VP

7/6/07

(407)234-0111

Date

Daytime Phone #