2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM DOCUMENT # P96000092213 **Secretary of State** LANDMARK BUILDING AND DESIGN SOUTH, INC. 13190 STIRLING ROAD S.W. RANCHES FL 33330 13190 STIRLING ROAD S.W. RANCHES FL 33330 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. CR2E034 (11/03) MOORE City & State 4. FEI Number City & State Applied For 65-0708213 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BELL, RICHARD Street Address (P.O. Box Number is Not Acceptable) 13190 STIRLING ROAD S.W. RANCHES FL 33330 City Zip Code 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 agrislered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete MLE Change NAME BELL, RICHARD MAME U00000024961 13190 STIRLING ROAD STREET ADDRESS STREET ADDRESS 02/02/04-80086-010 150.00 CITY-ST-ZIP SW RANCHES FL 33330 DITY-ST-ZIP Delete TITLE HRE Change Addition BELLET, MICHAEL MAME NAME STREET ADDRESS 13190 STIRLING ROAD STREET ADDRESS CITY - ST- ZIP SW RANCHES FL 33330 CSY-ST-ZIP SITLE Defete TITLE ☐ Chance Addition NAME BELL, G.L. NAME STREET ADDRESS STREET ADDRESS 13190 STIRLING ROAD CHTY-ST-ZIP SW RANCHES FL 33330 CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIP TITLE THIE Delete Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CXTY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not quality 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 trystee 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 applicase, with all other like empowered.

Richard Bell vice- PRESORA

SIGNATURE:

FILED

954-689-0436