



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90492 047 ***150.00

DOCUMENT # P98000014879 1. Entity Name LANDMARK FINANCIAL HOLDING COMPANY					
Principal Place of Business 544 S. WASHINGTON BLVD. SARASOTA, FL 34236			Mailing Address P.O. BOX 5737 SARASOTA, FL 34277		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		04222004 Chg-P CR2E034 (10/03)	
Zip		Country		4. FEI Number 58-2384540	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
6. Name and Address of Current Registered Agent QUALE, THOMAS G 544 S. WASHINGTON BLVD. SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PENNINGTON, GERALD L 285 SUGAR MILL DRIVE OSPREY, FL 34229	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEELE, JOHN M 1828 ROLAND ST SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEIFER, CHRIS A 16308 VILLARREAL TAMPA, FL 33613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYERS, ANNETTE 540 N. CASEY KEY ROAD OSPREY, FL 34229	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIS, ISSAC H M.D. 3280 HOWELL MILL RD, STE 342 ATLANTA, GA 30327	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT W. 2320 WASON ROAD SARASOTA, FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUALE, THOMAS G 3939 MCINTOSH ROAD SARASOTA, FL 34233	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOALE, KATHLEEN 2918 AVENUE EAST HOLMES BEACH, FL 34217	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAYMOND, SUPLEE T 1742 SEMINOLE DRIVE SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUPLEE, T. RAYMOND	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DABNEY, THOMAS G 4600 CAMINO REAL SARASOTA, FL 34231	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 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: _____		THOMAS G. QUALE		4/22/2004 941-954-5100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	