

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000014879

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: LANDMARK FINANCIAL HOLDING COMPANY

## Current Principal Place of Business:

544 S. WASHINGTON BLVD.  
SARASOTA, FL 34236

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 5737  
SARASOTA, FL 34277

## New Mailing Address:

FEI Number: 58-2384540

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

QUALE, THOMAS G  
544 S. WASHINGTON BLVD.  
SARASOTA, FL 34236 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: PENNINGTON, GERALD L  
Address: 285 SUGAR MILL DRIVE  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: STEELE, JOHN M  
Address: 1828 ROLAND ST  
City-St-Zip: SARASOTA, FL 34231

Title: D ( ) Delete  
Name: AYERS, ANNETTE  
Address: 540 N. CASEY KEY ROAD  
City-St-Zip: OSPREY, FL 34229

Title: D ( ) Delete  
Name: QUALE, THOMAS G  
Address: 544 SOUTH WASHINGTON BLVD  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: SUPLEE, RAYMOND T  
Address: 1742 SEMINOLE DRIVE  
City-St-Zip: SARASOTA, FL 34236

Title: D ( ) Delete  
Name: DABNEY, THOMAS G  
Address: 4600 CAMINO REAL  
City-St-Zip: SARASOTA, FL 34231

## 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:

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JULIE K. LONGABACH

SVP

03/05/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date