


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000012490 1. Entity Name LANDMARK CONSULTING, INC.		
Principal Place of Business 315 BRYAN BLVD PLANTATION, FL 33317-3748	Mailing Address 315 BRYAN BLVD PLANTATION, FL 33317-3748	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent STEWART, JAYNE M 631 LINNET CIR. DELRAY BCH, FL 33444		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD WYNER, TIBETTE D 315 BRYAN BLVD PLANTATION, FL 333173748	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEWART, JAYNE M 315 BRYAN BLVD PLANTATION, FL 333173748	
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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: <u><i>Tibette D Wyner</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>5/5/05</u> <u>954-326-1350</u> <small>Date Daytime Phone #</small>



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0898529	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

U00000365355
05/10/05-80007-018 150.00

**DO NOT WRITE
IN THIS SPACE**