

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90019 026 ***150.00

DOCUMENT # P99000041245

1. Entity Name
LANDMARK ART & FRAME, INC.



Principal Place of Business
**9564 DELEGATES DRIVE
ORLANDO, FL 32837**

Mailing Address
**9564 DELEGATES DRIVE
ORLANDO, FL 32837**



03292006 Chg-P CR2E034 (11/05)

4. FEI Number
59-3577195

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIBLER, ROBERT
9714 CAMBERLEY CIRCLE
ORLANDO, FL 32836**

Name **Kathleen Anish**
Street Address (P.O. Box Number is Not Acceptable)

9564 Delegates Dr.
City **Orlando** FL **32837**

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.

ROBERT KIBLER

(NOTE: Registered Agent signature required when reinstating)

3/29/06
DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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 ANISH, KATHLEEN 9564 DELEGATES DRIVE ORLANDO, FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KIBLER, ROBERT L 9564 DELEGATES DRIVE ORLANDO, FL 32836	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Kathleen Anish 9564 Delegates Dr Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>zip code change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Robert Kibler 9564 Delegates Dr. Orlando, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>zip code change</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT KIBLER

3/29/06 407-425-6603
Date Daytime Phone #