

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2004 90490 047 ***150.00

DOCUMENT # P99000110234 1. Entity Name LANDMARK BANK OF FLORIDA						
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			
Zip	Country	Zip	Country	4. FEI Number 65-0973600		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
Name Street Address (P.O. Box Number is Not Acceptable) City				Name Street Address (P.O. Box Number is Not Acceptable) City		
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)		
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	D DABNEY, THOMAS G <input type="checkbox"/> Delete			TITLE	D AYERS, ANNETTE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	4600 CAMINO REAL			NAME	540 N. CASEY KEY ROAD	
STREET ADDRESS	SARASOTA, FL 34321			STREET ADDRESS	OSPREY, FL 34229	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	D PEIFER, CHRIS A <input checked="" type="checkbox"/> Delete			TITLE	D BROWN, ROBERT W. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	16308 VILLAREAL DE AVILA			NAME	2320 WASON ROAD	
STREET ADDRESS	TAMPA, FL 33613			STREET ADDRESS	SARASOTA, FL 34231	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	D PENNINGTON, GERALD L <input type="checkbox"/> Delete			TITLE	D TOALE, KATHLEEN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	285 SUGAR MILL DR			NAME	2918 AVENUE EAST	
STREET ADDRESS	OSPREY, FL 34229			STREET ADDRESS	HOLMES BEACH, FL 34217	
CITY-ST-ZIP				CITY-ST-ZIP		
TITLE	D STEELE, JOHN M <input type="checkbox"/> Delete			TITLE	D, P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1828 ROLAND ST			NAME	QUALE, THOMAS G	
STREET ADDRESS	SARASOTA, FL			STREET ADDRESS	3939 MCINTOSH ROAD	
CITY-ST-ZIP				CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D SUPLEE, T. RAYMOND <input type="checkbox"/> Delete			TITLE	EVP, SLO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	1741 SEMINOLE DR			NAME	POWERS, SEAN	
STREET ADDRESS	SARASOTA, FL 34236			STREET ADDRESS	519 OAK BAY DRIVE	
CITY-ST-ZIP				CITY-ST-ZIP	OSPREY, FL 34229	
TITLE	D WILLIS, ISAAC <input checked="" type="checkbox"/> Delete			TITLE		
NAME	1141 REGENCY RD NW			NAME		
STREET ADDRESS	ATLANTA, GA 30327			STREET ADDRESS		
CITY-ST-ZIP				CITY-ST-ZIP		
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		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		
				Daytime Phone #		