

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000110234

FILED
Feb 23, 2005
Secretary of State

Entity Name: LANDMARK BANK OF FLORIDA

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: 65-0973600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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: _____

02/23/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DABNEY, THOMAS G
Address: 4600 CAMINO REAL
City-St-Zip: SARASOTA, FL 34321

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

Title: D () Delete
Name: PENNINGTON, GERALD L
Address: 285 SUGAR MILL DR
City-St-Zip: OSPREY, FL 34229

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

Title: D () Delete
Name: SUPLEE, T. RAYMOND
Address: 1741 SEMINOLE DR
City-St-Zip: SARASOTA, FL 34236

Title: DP () Delete
Name: QUALE, THOMAS G
Address: 3939 MCINTOSH ROAD
City-St-Zip: SARASOTA, FL 34233

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: DP (X) Change () Addition
Name: QUALE, THOMAS G
Address: 544 SOUTH WASHINGTON BLVD
City-St-Zip: SARASOTA, FL 34236

I hereby certify that the information supplied with this filing does not qualify for the 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 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

02/23/2005

Electronic Signature of Signing Officer or Director

Date