


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90757 004 \*\*\*150.00

DOCUMENT # P98000038538

1. Entity Name  
**STEVE LADRIG, INC.**



Principal Place of Business  
 2325 MOOREHAVEN DRIVE W.  
 CLEARWATER, FL 33763

Mailing Address  
 2325 MOOREHAVEN DRIVE W.  
 CLEARWATER, FL 33763

2. Principal Place of Business  
**1201 SPAULDING Rd**

3. Mailing Address  
**P.O. Box 233**

Suite, Apt. #, etc.



03262004 Chg-P CR2E034 (10/03)

City & State  
**DUNEDIN FL**

City & State  
**DUNEDIN FL**

4. FEI Number  
 59-3514719

Applied For  
 Not Applicable

Zip  
**34698**

Country

Zip  
**34697-0233**

Country

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

6. Name and Address of Current Registered Agent

LADRIG, STEVE  
 2325 MOOREHAVEN DR W.  
 CLEARWATER, FL 33763

7. Name and Address of New Registered Agent

Name  
**LADRIG, STEVE**

Street Address (P.O. Box Number is Not Acceptable)  
**1201 SPAULDING Rd**

City  
**DUNEDIN**

FL Zip Code  
**34698**

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 *Steve Ladrig* **STEVE LADRIG** *Steve Ladrig* **3/27/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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 D	LADRIG, STEVE <input type="checkbox"/> Delete 2325 MOOREHAVEN DRIVE W. CLEARWATER, FL 33763	TITLE DIP	LADRIG, STEVE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1201 SPAULDING Rd. DUNEDIN FL 34698
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Steve Ladrig* **STEVE LADRIG** *Steve Ladrig* **3/27/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #