

**2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000021043

**Entity Name:** L & D VENTURES, INC.**Current Principal Place of Business:**17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470**Current Mailing Address:**PO BOX 522405  
LONGWOOD, FL 32750 US**FEI Number:** 46-5150108**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**INCRP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US*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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	LEWMAN, GEORGE P
Address	PO BOX 522405
City-State-Zip:	LONGWOOD FL 32750

Title	VP
Name	LEWMAN, CATHY E
Address	PO BOX 522405
City-State-Zip:	LONGWOOD FL 32750

Title	S
Name	LEWMAN, GEORGE P
Address	PO BOX 522405
City-State-Zip:	LONGWOOD FL 32750

Title	T
Name	LEWMAN, CATHY E
Address	PO BOX 522405
City-State-Zip:	LONGWOOD FL 32750

Title	CHIEF ADMINISTRATION OFFICER
Name	SOPER, AMANDA JO
Address	PO BOX 522405
City-State-Zip:	LONGWOOD FL 32750

*I hereby 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 all other like empowered.*

**SIGNATURE:** GEORGE LEWMAN**PRESIDENT****04/06/2021**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date