2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 08:00 AM
Secretary of State

DOCUMENT # 146301

1. Entity Name
L.D. PLANTE, INC.

Principal Place of Business	Mailing Address
1101 E. ALTAMONTE DRIVE ALTAMONTE SPRINGS, FL 32701 US	PO BOX 151117 ALTAMONTE SPRINGS, FL 32715-1117 US

DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0550013
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

STEINER, LAWERANCE
797 DOUGLAS AVE.
ALTAMONTE SPRINGS, FL 32714

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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 _____ DATE
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, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000492550
04/19/06-80069-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PLANTE, SUSAN M
STREET ADDRESS	1101 E. ALTAMONTE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	AS
NAME	PAUL, EILEEN
STREET ADDRESS	1101 E. ALTAMONTE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	VD
NAME	PLANTE, LARRY
STREET ADDRESS	1101 E. ALTAMONTE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	PD
NAME	PLANTE, MICHAEL C
STREET ADDRESS	1101 E. ALTAMONTE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	T
NAME	PLANTE, STEPHEN M
STREET ADDRESS	1101 E. ALTAMONTE DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32701
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: M. C. Plante 3/28/06 407-8310777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

MICHAEL C PLANTE — President