

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # 146301

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



Principal Place of Business
1101 E. ALTAMONTE DRIVE
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
PO BOX 151117
ALTAMONTE SPRINGS, FL 32715-1117 US



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

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	

U00000820351
02/18/08-80025-008 150.00

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IN THIS SPACE**

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 an other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #