

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91289 008 ****61.25

DOCUMENT # 732728

1. Entity Name

LA DRONES, INC.



Principal Place of Business

90- 4TH STREET
EAGLE LAKE FL 33839-0765
US

Mailing Address

P.O. BOX 765
EAGLE LAKE FL 33839-0765
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6607251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RICHARDS, BLAIR
3002 AVE G, NW
WINTER HAVEN FL 33880

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME CARLISI, CHARLIE
STREET ADDRESS 370 ECHO E.
CITY-ST-ZIP LAKE ALFRED FL

TITLE VTD ☐ Delete
NAME RICHARDS, BLAIR
STREET ADDRESS 3002 AVENUE G NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE PD ☐ Delete
NAME HILL, LLOYD W.
STREET ADDRESS 621 AVENUE M SW
CITY-ST-ZIP WINTER HAVEN FL

TITLE SD ☐ Delete
NAME TOWLE, GREG
STREET ADDRESS 940 8TH STREET NW
CITY-ST-ZIP WINTER HAVEN FL

TITLE D ☐ Delete
NAME DAVIS, JAMES R.
STREET ADDRESS 101 MARJORIE AVE.
CITY-ST-ZIP AUBURNDAL FL

TITLE D ☐ Delete
NAME SATTERFIELD, DEAN
STREET ADDRESS 330 LAKE SHORE WAY N
CITY-ST-ZIP LAKE ALFRED FL

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 617, 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: *Blair Richards* **BLAIR Richards** *April 23, 2004* **863-293-7601**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #