

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 19, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000006473

1. Entity Name

"LD" COMPREHENSIVE SERVICES, LTD., INC.



Principal Place of Business

135-C EAST ST. CHARLES ROAD
CAROL STREAM, IL 60188

Mailing Address

135-C EAST ST. CHARLES ROAD
CAROL STREAM, IL 60188



07072004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

36-3767879

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE, FL 32301

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CD
NAME DOHERR, DOUGLAS
STREET ADDRESS 135-C EAST ST. CHARLES ROAD
CITY-ST-ZIP CAROL STREAM, IL 60188

TITLE S
NAME MARTINEZ, PRISCILLA K
STREET ADDRESS 2040 WILDWOOD LANE
CITY-ST-ZIP HANOVER PARK, IL 60133

TITLE V
NAME DANIELS, LARRY D
STREET ADDRESS 39W552 W. HALADAY LANE
CITY-ST-ZIP GENEVA, IL 60134

TITLE V
NAME DANIELS, LYLE A
STREET ADDRESS 1055 HUDSON CT.
CITY-ST-ZIP BARTLETT, IL 60103

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000167172
07/19/04-80014-003 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #