

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 19, 2005 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



03112005 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 <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331

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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 \$150.00
After May 1, 2005 Fee will be \$550.00**

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	

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03/21/05-80004-023 158.75

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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)(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 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

3/13/05 630-871-1634
Date Daytime Phone #