


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F35209	
1. Entity Name LEDGERWOOD, INC.	

FILED

04 MAY 18 PM 4:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ac 5/18



Principal Place of Business 13025 S HWY 441 SUMMERFIELD, FL 34491		Mailing Address P.O. BOX 439 ASTATULA, FL 34905	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03042003 Chg-P CR2E034 (10/03)

4. FEI Number 59-2093818	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARVEY, JOHN L RT 1 BOX 395 ASTATULA, FL 34705	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARVEY, JOHN L RT 1 BOX 395 ASTATULA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

600036567296 ☐ Addition
05/19/04--01007--002 **150.00

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

John L Harvey

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/17/04 Date

352 7422112 Daytime Phone #

Ledgerwood, Inc.
Po Box 439
Astatula, FL 34705

May 17, 2004

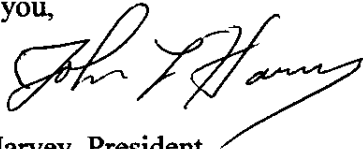
Division of Corporation
2670 Executive Center Circle
Suite 100
Tallahassee, FL 32301

To Whom It May Concern:

I John Harvey president of Ledgerwood, Inc. did not receive a renewal for the corporate report.

Thank you for your time and cooperation.

Thank you,

A handwritten signature in cursive script, appearing to read "John L. Harvey".

John Harvey, President