

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 30, 2004 08:00 AM
Secretary of State

DOCUMENT # K26768

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



Principal Place of Business
820 S.E. 5TH TER
POMPANO BCH, FL 33060

Mailing Address
820 S.E. 5TH TER
POMPANO BCH, FL 33060

DO NOT WRITE IN THIS SPACE



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0062872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARSHALL, LAWRENCE D.
820 SE 5TH TERRACE
POMPANO BCH, FL 33060

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	MARSHALL, LAWRENCE D.
STREET ADDRESS	820 SE 5TH TERR
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	S
NAME	MARSHALL, BARBARA M.
STREET ADDRESS	820 SE 5TH TERR
CITY-ST-ZIP	POMPANO BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/02/04-00008-017 150.00

**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)(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

Lawrence D. Marshall
President

1/27/04
Date

(954) 868-3400
Daytime Phone #