

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 11, 2005 08:00 AM
Secretary of State

DOCUMENT # K72880

1. Entity Name
LUDDY'S BEAUTY UNLIMITED, INC.



Principal Place of Business
**11400 NW 29 STREET
FORT LAUDERDALE, FL 33323 US**

Mailing Address
**11400 NW 29 STREET
FORT LAUDERDALE, FL 33323 US**



01282005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0105355

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**DEMORCY, LUDDY M.
11400 N.W. 29TH STREET
SUNRISE, FL 33323**

**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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

**U00000299855
04/11/05-80126-005 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DEMORCY, LUDDY M.
STREET ADDRESS 11400 N.W. 29TH ST.
CITY-ST-ZIP SUNRISE, FL

TITLE D
NAME DEMORCY, FRITZ B.
STREET ADDRESS 11400 N.W. 29TH ST.
CITY-ST-ZIP SUNRISE, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: *Luddy Demorcy* **Luddy Demorcy, Pres.** **1-28-05 (954) 733 4189**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #