

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L44575

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



Principal Place of Business
16649 N. COUNTY ROAD 349
MCALPIN, FL 32062

Mailing Address
16649 N. COUNTY ROAD 349
MCALPIN, FL 32062

DO NOT WRITE IN THIS SPACE



01222006 No Chg-P CR2E034 (11/05)

4. FEI Number
58-1885308

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

HAWTHORNE, LLOYD C.
16649 N. COUNTY ROAD 349
MCALPIN, FL 32062

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HAWTHORNE, KAY
STREET ADDRESS	16649 N COUNTY ROAD 349
CITY-ST-ZIP	MCALPIN, FL 32062
TITLE	ST
NAME	HAWTHORNE, LLOYD C
STREET ADDRESS	16649 N COUNTY ROAD 349
CITY-ST-ZIP	MCALPIN, FL 32062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000418576
02/14/06-80012-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Kay Hawthorne KAY HAWTHORNE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/06

Date

386-776-1388

Daytime Phone #