


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L45547**  
 1. Entity Name  
**LDG CONSULTANTS, INC.**



Principal Place of Business      Mailing Address  
**% DAVID LEGAULT**      **% DAVID LEGAULT**  
**2938 WEST BAY DRIVE, SUITE A**      **2938 WEST BAY DRIVE, SUITE A**  
**BELLEAIR BLUFFS, FL 33770**      **BELLEAIR BLUFFS, FL 33770**

**DO NOT WRITE IN THIS SPACE**



04172008    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-2990347</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**LEGAULT, DAVID L.**  
**2936 WEST BAY DRIVE**  
**STE A**  
**LARGO, FL 33770**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

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

000000928072  
 05/21/08-2008-020 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LEGAULT, DAVID L. 439 BLUFFVIEW DRIVE BELLEAIR BLUFFS, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:** \_\_\_\_\_      **4/24/08**      **727 584 6767**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #