2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

			<del></del>			AAA 4 AA		-
DOCUMENT # P00000035495 1. Entity Name					Jan 28, 2004 08:00 AM Secretary of State			
THE LADE	DER CRUTCH CORP.					·		
Principal Place	of Business	Mailing Address						
36210 EAST SPRING LAKE BLVD. 36210 EAST SPRING LÄK FRUITLAND PARK FL 34731 FRUITLAND PARK FL 347								
2. Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt #, etc.		MOORE CR2E034 (11/03)				
City & State		City & State		4. FEI Number 59-36	38929	} <del>}</del>	oplied For of Applicable	
Ζιρ	Country	Zip	Country		5. Certificate of Status D	Desired [	\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent	Mam		7. Name and Address of	of New Registere	d Agent	
URIDEL, LOREN G				ivanie				
3621	10 EAST SPRING LAKE BL\ ITLAND PARK FL 34731	O. Street Address (f		P.O. Box Number is Not Ac	ceptable)			
			City	·		F	Zip Coo	le
	named entity submits this statement fo ions of registered agent.	r the purpose of changing its	registered offici	e or register	ed agent, or both, in the St	ate of Florida. 1 a	m familiar with,	and accept
SIGNATURE _	Signature Typed or printed name of registered agont	and tide if applicable. [NOTE	E Registered Agent si	dusinie iedaked	when remstating)	DATE	2	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2004 Fee will be \$550.00 Payable to Florida Department of	State			9. Election Cam Trust Fund Co			00 May Be d to Fees
10.	OFFICERS AND		11.		ADDITIONS/CHANGES	TO OFFICERS A	ND DIRECTOR	SIN 11
	PD	☐ Delete	RILE				Change	☐ Additio
NAME STREET ADDRESS CITY-ST-ZIP	URIDEL, LOREN G 36210 EAST SPRING LAKE BLVD. FRUITLAND PARK FL 34731		name Street addre City-St-Zip	ss	U000 01/28/0	100016898 14–80070–0	16 15 <b>0.</b> 0	0
MILE	VPD	☐ Delete	THILE				☐ Change	Addition
NAME	POWELL, STEVEN A		NAME					
STREET ADDRESS CETY-ST-ZIP	3442 SAILFISH AVE FRUITLAND PARK FL 34731		STREET ADDRE	SS				
TITLE	T COLOR AS	Oelete	TELE				Change	Additio
NAME STREET ADDRESS	URIDEL, DOUGLAS 1201 STRIMENOS LANE		NAME STREET ADDRE	ss				
CITY - ST - ZIP	LEESBURG FL 34748		CITY-ST-ZIP					
TITLE	S	☐ Delete	TITLE				Change	Addition
NAME	HARDAWAY, DEBORAH A 30602 ORANGE DRIVE		NAME CYRCCE ADDRO					
STREET ADDRESS CITY-ST-ZIP	LEESBURG FL 34748		STREET ADDRE	22				
TRILE		☐ Delete	गारह	-	,		Change	☐ Additio
NAME			NAME	***************************************				
STREET ADDRESS CITY-ST-ZIP			STREET ADDRE CITY-ST-ZIP	22				
TITLE		Oelate	BILE				☐ Change	☐ Additio
NAME STREET ADDRESS			NAME STREET ADDRE	es				
	}		CITY-ST-ZIP	ĺ				

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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.

OREN C. URIDEL (PD)

SIGNATURE: Jore

FILED

JAN- 23,2004 352-267-1552

Date Date Daylore Frome #