

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90052 002 ***150.00

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1. Entity Name

THE LADDER CRUTCH CORP.

Principal Place of Business

36210 EAST SPRING LAKE BLVD.
FRUITLAND PARK FL 34731

Mailing Address

36210 EAST SPRING LAKE BLVD.
FRUITLAND PARK FL 34731



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3638929

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E034 (10/05)

6. Name and Address of Current Registered Agent

URIDEL, LOREN G
36210 EAST SPRING LAKE BLVD.
FRUITLAND PARK FL 34731

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME URIDEL, LOREN G
STREET ADDRESS 36210 EAST SPRING LAKE BLVD.
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE VPD ☐ Delete
NAME POWELL, STEVEN A
STREET ADDRESS 36210 EAST SPRING LAKE BLVD
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE T ☐ Delete
NAME URIDEL, DOUGLAS
STREET ADDRESS 1201 STRIMENOS LANE
CITY-ST-ZIP LEESBURG FL 34748

TITLE S ☐ Delete
NAME HARDAWAY, DEBORAH A
STREET ADDRESS 30602 ORANGE DRIVE
CITY-ST-ZIP LEESBURG FL 34748

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/27/06 352-314-2449