

FILED
Mar 13, 2002 8:00 am
Secretary of State
03-13-2002 90052 031 *** 150.00

03-13-2002 90052 031 ***150.00

05032243 DT

DOCUMENT # P01000015626

1. Entity Name

LD CONTRACTING, INC.

Principal Place of Business	Mailing Address
142 SW GLENWOOD DRIVE PORT ST LUCIE FL 34984	142 SW GLENWOOD DRIVE PORT ST LUCIE FL 34984

2. Principal Place of Business 920 11 th Court	3. Mailing Address P.O. Box 651459
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Vero Beach FL		City & State Vero Beach FL	
Zip 32960	Country USA	Zip 32965	Country USA

4. FEI Number 65-1082470	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent	
FARRELL, RICHEY L 1595 SW PORT ST LUCIE BLVD PORT ST LUCIE FL 34952	Name	
	Street Address (P.O. Box Number is Not Acceptable)	
	City	FL

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.

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

<p>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/></p>	<p>FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State</p>	<p>10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees</p>
--	--	---

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GASPARIK, DALE 142 SW GLENWOOD DRIVE PORT ST LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GASPARIK, DALE 920 11th Court Vero Beach FL 32965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GASPARIK, LINDA 142 SW GLENWOOD DRIVE PORT ST LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GASPARIK, LINDA 920 11th Court Vero Beach FL 32965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete SMITH, ROBERT 142 SW GLENWOOD DRIVE PORT ST LUCIE FL 34984	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Smith, Robert 920 11th Court Vero Beach FL 32965
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

3-1-02 561 2999857

CR2E034 (9/01)