

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # P02000049273

1. Entity Name

LDA ENTERPRISES, INC.



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2. Principal Place of Business - No P.O. Box #

5644 WOODBINE RD.

Suite, Apt. #, etc.

3. Mailing Address

5644 WOODBINE RD.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

PACE FL

City & State

PACE FL

4. FEI Number

41-2039679

Applied For

Not Applicable

Zip

32571

Country

USA

Zip

32571

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

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7. Name and Address of Current Registered Agent

Name

WILLIAM MARK CALVERT

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

5700 DERBY DR.

City

PACE

FL

Zip Code

32571

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 re-instating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

E-mail Address:

wp2001@bellsouth.net

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	PRESIDENT
NAME	WILLIAM MARK CALVERT
STREET ADDRESS	5700 DERBY DR.
CITY- ST- ZIP	PACE FL 32571
TITLE	VICE PRESIDENT
NAME	LINDA E CALVERT
STREET ADDRESS	5700 DERBY DR.
CITY- ST- ZIP	PACE FL 32571
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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05/06/11--01011--021 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155 F.S.

SIGNATURE:

W. MARK CALVERT

5/10/11

(350) 529-1720

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #