2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State
05-02-2005 90988 007 ***150.00

DOCUMENT # P02000085439

1. Entity Name
I DO WEDDINGS, INC.

Principal Place of Business
~~12117 BRIGHTMORE WAY~~
~~JACKSONVILLE, FL 32246~~
1442 BENT Oaks Blvd
DELand FL 32724

Mailing Address
~~12117 BRIGHTMORE WAY~~
~~JACKSONVILLE, FL 32246~~
1442 BENT Oaks Blvd
~~1442 B~~ DEland FL 32724

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1442 Bent Oaks Blvd		SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc. SAME	
City & State DEland FL		City & State SAME	
Zip 32724	Country USA	Zip SAME	Country USA

4. FEI Number 52-2370363 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SPEIGEL & UTRERA, P.A.
1840 SW 22 ST 4TH FL
MIAMI, FL 33145

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 Astrid P. Ledman President 4/27/05
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, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD LEDMAN, ASTRID P ~~12117 BRIGHTMORE WAY~~ 1442 BENT Oaks Blvd. ~~JACKSONVILLE, FL 32246~~ DEland FL 32724	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEDMAN, MARK C 1442 Bent Oak Blvd ~~12117 BRIGHTMORE WAY~~ Deland FL 32724 ~~JACKSONVILLE, FL 32246~~	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Astrid P. Ledman, President 4/27/05 (386)589-3698
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #