

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000005038

1. Entity Name
LADNER DISTRIBUTING INC.



Principal Place of Business
237 VOLKERTS TERRACE
PORT ST. LUCIE, FL 34983

Mailing Address
237 VOLKERTS TERRACE
PORT ST. LUCIE, FL 34983

DO NOT WRITE IN THIS SPACE

FILED
Apr 19, 2006 08:00 AM
Secretary of State



04042006 No Chg-P CR2E034 (11/05)

4. FEI Number 30-0152209	Applied For Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

LADNER, MICHAEL
237 VOLKERTS TERRACE
PORT ST. LUCIE, FL 34983

**DO NOT WRITE
IN THIS SPACE**

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 reimating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LADNER, MICHAEL
STREET ADDRESS 237 VOLKERTS TERRACE
CITY-ST-ZIP PORT ST. LUCIE, FL 34983

U00000518882
05/02/06-80072-010 150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 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

4/19/06

Date

878-1679

Daytime Phone #