

**605 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90274 021 ***150.00

DOCUMENT # P03000044492

1. Entity Name
LADIZ, INC.



Principal Place of Business
**17113 SE 78TH LARCHMONT COURT
LADY LAKE, FL 32162**

Mailing Address
**17113 SE 78TH LARCHMONT COURT
LADY LAKE, FL 32162**

1400163U



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03142005

Chg-P

CR2E034 (10/03)

City & State

City & State

4. FEI Number

05-0565942

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ZOROVICH, LAWRENCE F
17113 SE 78TH LARCHMONT COURT
LADY LAKE, FL 32162**

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 of officer or director of registered agent or title holder (date)

(NOTE: Registered Agent's signature required when not starting)

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	DP	<input type="checkbox"/> Delete
NAME	ZOROVICH, LAWRENCE F	
STREET ADDRESS	17113 SE 78TH LARCHMONT COURT	
CITY-ST-ZIP	LADY LAKE, FL 32162	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DIANAK, ZOROVICH	
STREET ADDRESS	17113 SE 78TH LARCHMONT CT	
CITY-ST-ZIP	LADY LAKE, FL 32162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIANA, K. ZOROVICH	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Lawrence F. Zorovich*
LAWRENCE F. ZOROVICH

4/23/05 352-804-2892