## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P03000044492

## FILED Apr 21, 2006 8:00 am Secretary of State 04-21-2006 90121 044 \*\*\*150.00

1. Entity Name LADIZ, IN						04-21-2000	70121 044 12	70.00
Principal Place of Business Mailing Address 17113 SE 78TH LARCHMONT COURT 17113 SE 78TH LARCHM					50014731			
LADY LAKE, F		LADY LAKE, FL 32162						
	lace of Business W. NEWBERLY R	3. Mailing Address 73200 W	I.NEW CA	HH B			UI \$2    LIBU BILI  BIBIB IBIJB I	NETTER M JEFT
Suite, Apt.	#. etc /80	3. Mailing Address 13200 W. NEW BUH K			04182006	Chg-P	CR2E034 (11/05	) -
NEW E	BELLY KL	NEW BERLY H			4. FEI Number	FEI Number         Applied For           05-0565942         Not Applicable		
79	Country	32669	Country	a	5. Certificate of	Status Desired	S8.75 Ac Fee Requir	
32-66 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  8. The above named entity submits this enterment for the purpose of changing its registered agent.				Street 3 ddress (P.O. Box Number is Not Acceptable)				
SIGNATURE_	Signature, typed or profeed name of registered agent, a	nd title if applicable. (NO:	TE Registered Agent sig	gnature required	when reinstating)	4	1-18-06 DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campa Trust Fund Con			00 May Be ed to Fees			
10.	OFFICERS AND DIRECTORS				ADDITIONS/C	HANGES TO OF	FICERS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	DP Delete  ZOROVICH, LAWRENCE F  \$ 17113 SE 78TH LARCHMONT COURT  LADY LAKE, FL 32162			ss /32	200 CU	NEW	1 Change 3 EXRY A.D 3 2 6 6 9	Addition FF-18
THILE NAME STREET ADDRESS CITY-ST-ZIP	VP DIANA, K. ZOROVICH 17113 SE 78TH LARCHMONT C LADY LAKE, FL 32162	☐ Defete	TITLE NAME STREET ADDRES CITY-ST-ZIP	ss 132	OOW.	NEWBE CY FL	32669 Change 32669	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREE I ADDRES CITY-ST-ZIP		•		☐ Change	Addition

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify to 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 trusted 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.

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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ING OFFICER OR DIRECTOR

☐ Delete

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4-18-16 352 804 28 92

Daytime Phone #

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