


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 08, 2007 08:00 AM
Secretary of State

DOCUMENT # P03000048865	
1. Entity Name L.D.W. OF FLORIDA, INC.	

Principal Place of Business 6980 US 1 N STE 101 ST AUGUSTINE, FL 32095	Mailing Address 6980 US 1 N STE 101 ST AUGUSTINE, FL 32095
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3758309	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROTHSTEIN, SIMON D
 4417 BEACH BLVD STE 104 BROWARD BLDG
 JACKSONVILLE, FL 32207

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: _____ U00000578196
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when retaxing) 01/09/07-80019-020 150.00
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$850.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST LEEBERN, WILLIAM D SR 6980 US 1 N STE 101 ST AUGUSTINE, FL 32095
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William D. Leebern Sr. Pres. WILLIAM D. LEEBERN, SR. PRES 1/4/07 904/829-6161
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #