


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

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| DOCUMENT # P03000070569 |  |
| 1. Entity Name L&D VIDEO WORLD, INC. | |

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| Principal Place of Business 37931 HEATHER PL DADE CITY, FL 33525 | Mailing Address 37931 HEATHER PL DADE CITY, FL 33525 |
|--|--|



01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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|--|--------------------------------|
| 4. FEI Number 90-0090118 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|
| 6. Name and Address of Current Registered Agent DELOACH, MICHAEL S 6502 WALTON WAY TAMPA, FL 33610 |
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**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 _____ (NOTE: Registered Agent signature required when reinstalling) 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 NAME STREET ADDRESS CITY-ST-ZIP | P DELOACH, MICHAEL S 6502 WALTON WAY TAMPA, FL 33610 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CLARENCE, LUKE JR. 6502 WALTON WAY TAMPA, FL 33610 |
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02/07/06-80053-006 158.75

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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: Michael Deloach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-22-06 352-567-6200
812-546-4135
Date Daytime Phone #