

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90524 030 ***158.75

DOCUMENT # P03000085262

1. Entity Name
L.W.D. HOLDING'S INC.



Principal Place of Business
**5694 CANVASBACK RD
MIDDLEBURG, FL 32068**

Mailing Address
**5694 CANVASBACK RD
MIDDLEBURG, FL 32068**

50045721



DO NOT WRITE IN THIS SPACE

04202005 No Chg-P CR2E034 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALKER, SHANA
728 BLANDING BLVD., STE. 4
ORANGE PARK, FL 32065**

**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 reinstating)

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PVST
MARTELLI, ANTHONY
5694 CANVASBACK RD
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPS
DEVILL, DONNA
5694 CANVASBACK RD.
MIDDLEBURG, FL 32068**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
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CITY - ST - ZIP

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 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 an officer like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/15/05 904 276-7919