## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000095826

Entity Name: LTDK, INC.

FILED Jan 11, 2004 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1530 MCMULLEN BOOTH ROAD 1530 MCMULLEN BOOTH ROAD CLEARWATER, FL 33759

UNIT D3

CLEARWATER, FL 33759

**Current Mailing Address: New Mailing Address:** 

1530 MCMULLEN BOOTH ROAD 1530 MCMULLEN BOOTH ROAD

CLEARWATER, FL 33759 UNIT D3

CLEARWATER, FL 33759

FEI Number: 56-2390793 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MOGAVERO, ANTHONY M MOGAVERO, ANTHONY M 9544 CAVENDISH DRIVE 1530 N. MCMULLEN BOOTH ROAD.

TAMPA, FL 33626 UNIT D3 CLEARWATER, FL 33759

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.

SIGNATURE: ANTHONY M. MOGAVERO 01/11/2004

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

FATA, DENNIS M

TAMPA, FL 33626

10404 SNOWDEN PLACE

Name:

Address City-St-Zip: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change ( ) Addition

MOGAVERO, ANTHONY M MOGAVERO, ANTHONY M Name: Name: 9544 CAVENDISH DRIVE 1530 N. MCMULLEN BOOTH ROAD, UNIT D3 Address: Address:

City-St-Zip: TAMPA, FL 33626 City-St-Zip: CLEARWATER, FL 33759

( ) Delete Title: Title: (X) Change ( ) Addition

Name: FATA, LOUIS M Name: FATA, LOUIS M

10214 MILLPORT DRIVE 1530 N. MCMULLEN BOOTH ROAD, UNIT D3 Address: Address:

TAMPA, FL 33626 CLEARWATER, FL 33759 City-St-Zip: City-St-Zip:

Title: Title: (X) Delete () Change () Addition

> Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Ρ SIGNATURE: ANTHONY M. MOGAVERO 01/11/2004