

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 25, 2005 8:00 am
Secretary of State

03-25-2005 90025 039 ***150.00

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1. Entity Name
LDL HOME REPAIR AND MAINTENANCE, INC.



Principal Place of Business

**4966 MARCUS CIR.
PACE, FL 32571**

Mailing Address

**4966 MARCUS CIR.
PACE, FL 32571**

DO NOT WRITE IN THIS SPACE



02172005 No Chg-P CR2E034 (10/03)

4. FFI Number **56-2423124** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BARNES, JAMES E
5426 SWANNER RD.
MILTON, FL 32570-4088**

**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 *James E. Barnes*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/05

**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 **P**
NAME **LANSDON, LINDA D**
STREET ADDRESS **4966 MARCUS CIR.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **VP**
NAME **LANSDON, JAMES S**
STREET ADDRESS **4966 MARCUS CIR.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE **TS**
NAME **STEWART, FRANKLIN L**
STREET ADDRESS **4966 MARCUS CIR.**
CITY-ST-ZIP **PACE, FL 32571**

TITLE
NAME
STREET ADDRESS
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NAME
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CITY-ST-ZIP

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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 all other like empowered.

SIGNATURE: *Linda D. Lansdon*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda D. Lansdon

Date

554-5982

Daytime Phone #