

**FOR PROFIT CORPORATION  
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

**DOCUMENT #** 03000156849

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



**FILED**

11 MAY 26 AM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business - No P.O. Box #

4966 MARCUS Circle

Suite, Apt. #, etc.

3. Mailing Address

4966 MARCUS Circle

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Pace, FL

City & State

Pace, FL

4. FEI Number

562423124

Applied For

Not Applicable

Zip

32571

Country

Santa Rosa

Zip

32571

Country

Santa Rosa

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

JAMES E. BARNES

Street Address (P.O. Box Number is Not Acceptable)

5426 SWANNER RD.

City

MILTON

FL

Zip Code

32570-4089

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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]*

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

(NOTE: Registered Agent signature required when re-instating)

5-23-2011

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

E-mail Address:

dlandsdon@paceassembly.org

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President  
Linda Diane Landon  
4966 Marcus Circle  
Pace, Fla. 32571

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Vice President  
James Shalah Landon  
4966 Marcus Circle  
Pace, Fla. 32571

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Franklin Lee Stewart (Sec.)  
5536 Barcelona Street  
Pace, Fla. 32571

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

700207325287  
05/06/11-01041-019 \*\*\*150.00

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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 on an attachment with an address with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-23-2011 (850)994-1723

DATE

Daytime Phone #

5/27/11