
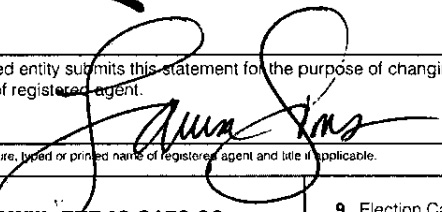
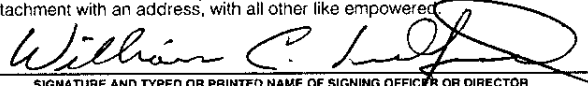


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90040 046 ***150.00

DOCUMENT # P04000003585 1. Entity Name LEDGERD, INC.					
Principal Place of Business 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972			Mailing Address 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03182004 Chg-P CR2E034 (10/03)	
4. FEI Number 59-3774336				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COOK, JOHN B. 805 SW PARK STREET OKEECHOBEE, FL 34972				7. Name and Address of New Registered Agent Name: LAURA K. SIMS Street Address (P.O. Box Number is Not Acceptable): 103 S. PARROTT AVE. City: OKEECHOBEE FL Zip Code: 34974	
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:  DATE: 3-16-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS LEDGERD, WILLIAM C 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEDGERD, CLINT 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEDGERD, CLINT 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEDGERD, CLINT 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEDGERD, CLINT 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEDGERD, CLINT 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT LEDGERD, CLINT 222 SOUTH PARROTT AVENUE OKEECHOBEE, FL 34972	<input type="checkbox"/> Delete			
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: 			3-16-04 8637633368		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		