


2005. FOR PROFIT CORPORATION ANNUAL REPORT (AR)

3/4/2005-90065-012-\$158.75-\$158.75

PS 1 92

DOCUMENT # P04000006531		
1. Entity Name L.C. DIVERSIFIED, INC.		

Principal Place of Business 3113 S.E. 54TH CIRCLE OCALA FL 34471	Mailing Address 3113 S.E. 54TH CIRCLE OCALA FL 34471
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2. Principal Place of Business		3. Mailing Address 8 NW 125th Ave	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Ocala, FL	
Zip	Country	Zip 34482	Country

6. Name and Address of Current Registered Agent WADE, DANIEL J 3391 E. SILVER SPRINGS BLVD., STE. F OCALA FL	
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4. FEI Number 20-0576499	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name FRANK BOGERT	
Street Address (P.O. Box Number is Not Acceptable) 3113 SE 54th Circle	
City Ocala	FL Zip Code 34471

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 <u>L.C. Campbell</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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FILE NOW!!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, LINDA G 3113 S.E. 54TH CIRCLE OCALA FL 34471 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 other like empowered.	
SIGNATURE: <u>L.C. Campbell</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	2/22/04 352-624-9040 Date Daytime Phone #

T. Roberts APR 12 2005

P3292



5th April 2005

Florida Dept of State
Annuals Reports Section
PO Box 6327
Tallahassee
FL 32314

Subject L C Diversified, Inc


Ref No P04000006531

Please accept this letter as authority to keep Daniel Wade as my
current registered agent for the above company.

Could you also change your records to my new mailing address

8 NW 125th Ave
Ocala
FL 34482

LC Campbell



Diversified inc.
3113 SE 5th CIRCLE
OCALA FL 34471
352 624 9040 FAX 352 624 9010