

# 2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000013610

**FILED**  
**Nov 05, 2008**  
**Secretary of State**

**Entity Name:** LDM ENTERPRISES OF OCALA, INC.

**Current Principal Place of Business:**

4761 SW 21 PL  
OCALA, FL 34474

**New Principal Place of Business:**

25250 E HWY 316  
SALT SPRINGS, FL 32134

**Current Mailing Address:**

4761 SW 21 PL  
OCALA, FL 34474

**New Mailing Address:**

PO BOX 5362  
SALT SPRINGS, FL 32134

**FEI Number:** 61-1467138

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCTAGGART, LISA  
4761 SW 21 PL  
OCALA, FL 34474 US

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

MCTAGGART, LISA  
25250 E HWY 316  
SALT SPRINGS, FL 32134 US

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: LISA MCTAGGART

11/05/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: MCTAGGART, DONALD M  
Address: 4761 SW 21 PL  
City-St-Zip: OCALA, FL 34474

Title: D ( ) Delete  
Name: MCTAGGART, LISA  
Address: 4761 SW 21 PL  
City-St-Zip: OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: MCTAGGART, DONALD M  
Address: 25250 E HWY 316  
City-St-Zip: SALT SPRINGS, FL 32134

Title: D (X) Change ( ) Addition  
Name: MCTAGGART, LISA  
Address: 25250 E HWY 316  
City-St-Zip: SALT SPRINGS, FL 32134

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LISA MCTAGGART

OWNE

11/05/2008

Electronic Signature of Signing Officer or Director

Date