

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P04000039931

1. Entity Name
THE LADYGA CORPORATION



Principal Place of Business
1082B RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

Mailing Address
1082B RIDGEWOOD AVENUE
HOLLY HILL, FL 32117



04272007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0802567	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

WEINSTEIN, JOEL R
1082 RIDGEWOOD AVENUE
HOLLY HILL, FL 32117

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	LADYGA, MICHAEL A
STREET ADDRESS	1082 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	VP
NAME	HENDERSON, ROBERT
STREET ADDRESS	1082 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	S-TR
NAME	WEINSTEIN, JOEL R
STREET ADDRESS	1082 RIDGEWOOD AVENUE
CITY-ST-ZIP	HOLLY HILL, FL 32117
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U000000756993
05/23/07-80054-010 150.00

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL LADYGA

Date

Daytime Phone #

4-30-07 386-253
6111

4/26/07: HCB: a