2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028600

Title:

Name:

Address:

City-St-Zip:

Entity Name: L & D NATIONAL PROFESSIONAL BUSINESS ASSOCIATES, INC.

FILED Sep 09, 2009 Secretary of State

Current Principal Place of Business:				New Prince	New Principal Place of Business:			
	ANGONIA DRI .M BEACH, FL							
Current Mailing Address:				New Mailing Address:				
	ANGONIA DRI .M BEACH, FL							
FEI Number:	33-1113027	FEI Numi	ber Applied For()	FEI Number Not App	licable ()	Certificate of Status Desir	ed (X)	
Name and Address of Current Registered Agent:				Name and	Name and Address of New Registered Agent:			
	, LYDIA K ANGONIA DRI .M BEACH, FL		US					
The above in the State		submits th	is statement for the p	ourpose of changing i	ts registered	d office or registered agent	;, or both,	
SIGNATUR	RE:							
Electronic Signature of Registered Agent				ent	Date			
			, the corporation did no	ot receive the prior notic	e.			
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PF () JOHNSON, LYE 1362 N. MANGO WEST PALM B	ONIA DRIVE		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V () JOHNSON, DOI 1362 N. MANGO WEST PALM B	ONIA DRIVE		Title: Name: Address: City-St-Zip:	JOHNSON, E 1362 N. MAN	(X) Change () Addition DONALD IGONIA DRIVE I BEACH, FL 33401		
Title: Name: Address:	S () ODUM, LATASH	Delete		Title: Name:	T ODUM, LATA	(X) Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: LYDIA K.JOHNSON PF 09/09/2009

() Delete

10420 NW 125TH STREET

REDDICK, FL 32686

JONES, CARLÁ

(X) Change () Addition

JONES, CARLÁ

10420 NW 125TH STREET

REDDICK, FL 32686