

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Aug 22, 2006 8:00 am
Secretary of State

08-22-2006 90027 022 ***150.00

DOCUMENT # P05000114426

1. Entity Name
LOIDL ENTERPRISES INC



Principal Place of Business
**2329 3RD AVENUE SE
VERO BEACH, FL 32962**

Mailing Address
**2329 3RD AVENUE SE
VERO BEACH, FL 32962**

00040029



2. Principal Place of Business

5090 25th Street SW. 5090 25th ST. SW.

Suite, Apt. #, etc.

VERO BEACH

City & State

VERO BEACH, FL.

Zip
32968

Country

Indian River

3. Mailing Address

5090 25th ST. SW.

Suite, Apt. #, etc.

VERO BEACH, FL.

City & State

VERO BEACH, FL.

Zip
32968

Country

Indian River

07102006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-3307943

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**LOIDL, JAMES J
2329 3RD AVENUE SE
VERO BEACH, FL 32962**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LOIDL, JAMES J
2329 3RD AVENUE SE
VERO BEACH, FL 32962

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
LOIDL, SUSAN
2329 3RD AVENUE SE
VERO BEACH, FL 32962

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TITLE
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STREET ADDRESS
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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: Susan Loidl Susan Loidl

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-06 772-633-1670

Date

Daytime Phone #