

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90208 001 ***150.00

DOCUMENT # P05000115122

1. Entity Name
LEDAN, INC.



Principal Place of Business
5 GALLBERRY CT
BUNNELL FL 32110

Mailing Address
5 GALLBERRY CT
BUNNELL FL 32110



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

P.O. Box 296

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

City & State

Bunnell, FL

4. FEI Number NO-T APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

32110

Country

FLA/GIER

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FELTER, JULIE BRYANT
5 GALLBERRY CT
BUNNELL FL 32110

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
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	FELTER, JULIE	
STREET ADDRESS	PO BOX 296	
CITY - ST - ZIP	BUNNELL FL 32110	
TITLE	PD	<input type="checkbox"/> Delete
NAME	FELTER, LELA	
STREET ADDRESS	1520 SE 8TH ST	
CITY - ST - ZIP	OCALA FL 34471	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FELTER, C DANIELLE	
STREET ADDRESS	3125 NE 11 ST	
CITY - ST - ZIP	OCALA FL 34470	
TITLE	D	<input type="checkbox"/> Delete
NAME	FELTER, TOM	
STREET ADDRESS	PO BOX 296	
CITY - ST - ZIP	BUNNELL FL 32110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

J. B. FELTER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/07