

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P05000115122

1. Entity Name  
LEDAN, INC.



Principal Place of Business  
5 GALLBERRY CT  
BUNNELL, FL 32110

Mailing Address  
PO BOX 296  
BUNNELL, FL 32110



04112008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

FELTER, JULIE BRYANT  
5 GALLBERRY CT  
BUNNELL, FL 32110

**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 reconstituting)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

000000925666  
05/20/08-80035-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELTER, JULIE PO BOX 296 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FELTER, LELA 1520 SE 8TH ST OCALA, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FELTER, C DANIELLE 3125 NE 11 ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FELTER, TOM PO BOX 296 BUNNELL, FL 32110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

*J. Felter*

4/11/08

386-503-9947