

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000035826

FILED
Mar 26, 2009
Secretary of State

Entity Name: L & D PHYSICAL DESIGN SERVICES, INC.

Current Principal Place of Business:

25 PINE CONE DRIVE
SUITE 2D
PALM COAST, FL 32164

New Principal Place of Business:

515 NINTH STREET
BUNNELL, FL 32110

Current Mailing Address:

25 PINE CONE DRIVE
SUITE 2D
PALM COAST, FL 32164

New Mailing Address:

515 NINTH STREET
BUNNELL, FL 32110

FEI Number: 20-4479784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAVY, BENJAMIN
25 PINE CONE DRIVE, SUITE 2D
PALM COAST, FL 32164 US

Name and Address of New Registered Agent:

LAFFERTY, SEAN P
515 NINTH STREET
BUNNELL, FL 32110 US

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.

SIGNATURE: SEAN LAFFERTY

03/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LAFFERTY, MIKE
Address: 25 PINE CONE DRIVE, SUITE 2D
City-St-Zip: PALM COAST, FL 32164

Title: VP () Delete
Name: DATESMAN, ADAM
Address: 25 PINE CONE DRIVE, SUITE 2D
City-St-Zip: PALM COAST, FL 32164

Title: T () Delete
Name: LAFFERTY, SEAN P
Address: 25 PINE CONE DRIVE, SUITE 2D
City-St-Zip: PALM COAST, FL 32164

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: LAFFERTY, MIKE
Address: 515 NINTH STREET
City-St-Zip: BUNNELL, FL 32110

Title: VP (X) Change () Addition
Name: DATESMAN, ADAM
Address: 515 NINTH STREET
City-St-Zip: BUNNELL, FL 32110

Title: T (X) Change () Addition
Name: LAFFERTY, SEAN P
Address: 515 NINTH STREET
City-St-Zip: BUNNELL, FL 32110

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.

SIGNATURE: SEAN LAFFERTY

T

03/26/2009

Electronic Signature of Signing Officer or Director

Date