


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

04-11-2007 90016 037 ***150.00

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|---|--|--|---|
| DOCUMENT # P06000052360 | |  | |
| 1. Entity Name LUDOVICI BUILDING THREE, INC. | | | |
| Principal Place of Business 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157-5491 | | Mailing Address 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157-5491 | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 6. Name and Address of Current Registered Agent LUDOVICI, EDWARD P ESQ. 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157-5491 | | 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: _____ (NOTE: Registered Agent signature required when re-stating) DATE: _____ | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE | D <input type="checkbox"/> Delete LUDOVICI, PHILIP F 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 331575491 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DPS <input type="checkbox"/> Delete LUDOVICI, EDWARD P 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 331575491 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DT <input type="checkbox"/> Delete LUDOVICI, BARBARA A 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 331575491 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DAT <input type="checkbox"/> Delete LUDOVICI, SUSAN M 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 331575491 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> Delete LUDOVICI, JOSEPH P 16709 HUTCHINSON ROAD ODESSA, FL 33556 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> Delete LUDOVICI, LORENA H 16709 HUTCHINSON ROAD ODESSA, FL 33556 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| 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 information empowered. | | | |
| SIGNATURE: _____ | | Date: 4/5/07 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone #: 305-235-2461 | |