

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2007 90016 036 ***150.00

00014400



02132007 Chg-P CR2E034 (12/05)

DOCUMENT # P06000052367					
1. Entity Name LUDOVICI BUILDING FOUR, INC.					
Principal Place of Business 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157		Mailing Address 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4684164	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LUDOVICI, EDWARD P <i>ESQ</i> 17415 SOUTH DIXIE HWY PALMETTO BAY, FL 33157				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 _____ <small>Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
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	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUDOVICI, PHILIP F	NAME			
STREET ADDRESS	17415 SOUTH DIXIE HWY	STREET ADDRESS			
CITY-ST-ZIP	PALMETTO BAY, FL 33157	CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUDOVICI, BARBARA A	NAME			
STREET ADDRESS	17415 SOUTH DIXIE HWY	STREET ADDRESS			
CITY-ST-ZIP	PALMETTO BAY, FL 33157	CITY-ST-ZIP			
TITLE	DPS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUDOVICI, EDWARD P	NAME			
STREET ADDRESS	17415 SOUTH DIXIE HWY	STREET ADDRESS			
CITY-ST-ZIP	PALMETTO BAY, FL 33157	CITY-ST-ZIP			
TITLE	DAT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUDOVICI, SUSAN M	NAME			
STREET ADDRESS	17415 SOUTH DIXIE HWY	STREET ADDRESS			
CITY-ST-ZIP	PALMETTO BAY, FL 33157	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUDOVICI, JOSEPH P	NAME			
STREET ADDRESS	16709 HUTCHINSON ROAD	STREET ADDRESS			
CITY-ST-ZIP	ODESSA, FL 33556	CITY-ST-ZIP			
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUDOVICI, LORENA H	NAME			
STREET ADDRESS	16709 HUTCHINSON ROAD	STREET ADDRESS			
CITY-ST-ZIP	ODESSA, FL 33556	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 the 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 <i>[Signature]</i>		Date 4/5/07		Daytime Phone # 305-235-2161	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	