

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115342

FILED  
Apr 24, 2008  
Secretary of State

Entity Name: LRDK ENTERPRISES, CORP.

**Current Principal Place of Business:**

3107 ANTIGUA WAY  
HAINES CITY, FL 33844 US

**New Principal Place of Business:**

**Current Mailing Address:**

3831 W. VINE STREET  
#44  
KISSIMMEE, FL 34741 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHN, SCOTT E ESQ.  
800 SE 3RD AVENUE  
SUITE 200  
FT. LAUDERDALE, FL 33316 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MCCABE, JOHN  
Address: 3107 ANTIGUA WAY  
City-St-Zip: HAINES CITY, FL 33844 US

Title: VP ( ) Delete  
Name: BARNES, STEVEN  
Address: 3337 STEEPLECHASE LANE  
City-St-Zip: KISSIMMEE, FL 34746 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JOHN MCCABE

P

04/24/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date