FILED Feb 08, 2005 8:00 am Secretary of State

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1. Entity Nam	MENT # P94000627 LD DEVELOPMENT ENTERI			02-08-2005	90018 041	***150.00	
	enge	1000, 110.					
Principal Place	e of Business	Mailing Address	in a graph of	Same and the second		EDD.	0444
4915 SOUTH LAKELAND, F	IFORK DR.	P.O. BOX 2537 LAKELAND, FL 33806-2537				-05001	2110
	B. Cantel Communication						
				01142005 No Chg-P CR2E034 (10/03)			
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number			Applied For
			•	59-3264	1080		Not Applicable
	- Andrews - Land - Land		The second second second	5. Certificate o	of Status Desired		5 Additional Required
	6. Name and Address of Current Rec	gistered Agent					
JACOBS, DALE G				DO	NOT W	RITE	
4921 SOUTHFORK DRIVE LAKELAND, FL 33813-2078						2 1 2 2 2 2 2 m	
	-,			IN I	'HIS SP	ACE	
						* :-	
	named entity submits this statement for thions of registered agent.	e purpose of changing its registe	ered office or register	red agent, or both	n, in the State of Flo	rida. I am familia	ar with, and accept
		e purpose of changing its registe	ered office or register	red agent, or both	n, in the State of Flo	rida. I am familia	ar with, and accept
			ered office or register	-	n, in the State of Flo	rida. I am familia	ar with, and accept
signature	ions of registered agent.		red Agent signature required	-	n, in the State of Flo		ar with, and accept
signature	ions of registered agent. Signature, typed or printed name of registered agent and the second secon	rile if applicable. (NOTE: Registre 9. Election Campaign Fin Trust Fund Contribution	red Agent signature required	d when reinstating) .00 May Be	n, in the State of Flo		ar with, and accept
signature	Signature, typed or printed name of registered agent and the NOWIII FEE IS \$150.00 asy 1, 2005 Fee will be \$550.00	rile if applicable. (NOTE: Registre 9. Election Campaign Fin Trust Fund Contribution	red Agent signature required	d when reinstating) .00 May Be	n, in the State of Flo		ar with, and accept
SIGNATURE FIL. After Ma	Signature, typed or printed name of registered agent and the second seco	rile if applicable. (NOTE: Registre 9. Election Campaign Fin Trust Fund Contribution	red Agent signature required	d when reinstating) .00 May Be	n, in the State of Flo		ar with, and accept
SIGNATURE FIL After M: 10. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent and it E NOWILL FEE IS \$150.00 AND THE STORY OF THE ST	rile if applicable. (NOTE: Registre 9. Election Campaign Fin Trust Fund Contribution	red Agent signature required	d when reinstating) .00 May Be	n, in the State of Flo		ar with, and accept
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does not qualify To the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if her like empowered. 12. I hereby certify that the information supplied with this filin indicated on this report or supplemental reports the and of the corporation or the receiver or trustee employered changed, or on an attachment with an address, with all strengths.

STREET ADDRESS CITY-ST-ZIP TITLE NAME

CITY-ST-ZIP ,