

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

04-08-2005 90082 035 \*\*\*150.00

**DOCUMENT # P94000092988**

1. Entity Name  
**LDC TELECOMMUNICATIONS, INC.**



Principal Place of Business  
**3350 BUSCHWOOD PARK DR.  
STE 265  
TAMPA, FL 33618 US**

Mailing Address  
**3350 BUSCHWOOD PARK DR.  
STE 265  
TAMPA, FL 33618 US**

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2. Principal Place of Business  
**10012 N. DALE MABRY HWY.**

3. Mailing Address  
**10012 N. DALE MABRY HWY.**

Suite, Apt. #, etc.  
**Ste. 215**  
City & State  
**TAMPA, FL**

Suite, Apt. #, etc.  
**Ste. 215**  
City & State  
**TAMPA, FL**

Zip  
**33618**

Country

Zip  
**33618**

Country

04042005 Chg-P CR2E034 (10/03)



4. FEI Number  
**59-3304859**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

**CAROSELLA, FRANK  
3350 BUSCHWOOD PARK DR.  
STE 265  
TAMPA, FL 33618**

## 7. Name and Address of New Registered Agent

Name **Frank Carosella**  
Street Address (P.O. Box Number is Not Acceptable)  
**10012 N. DALE MABRY HWY**  
**Ste. 215**  
City **TAMPA** FL Zip Code **33618**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/4/05**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE **PTSD** ☐ Delete  
NAME **CONNORS, SEAN**  
STREET ADDRESS **40347 US HWY 19 N #232**  
CITY-ST-ZIP **TARPON SPRINGS, FL 34689**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTSD** ☒ Change ☐ Addition  
NAME **SEAN CONNORS**  
STREET ADDRESS **10012 N. DALE MABRY HWY #215**  
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/5/2005 813 962-1939**