

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000017433

1. Entity Name
LA DUE INC.



Principal Place of Business
**3020 CARDINAL DR.
DELRAY BEACH, FL 33444**

Mailing Address
**3020 CARDINAL DR.
DELRAY BEACH, FL 33444**

DO NOT WRITE IN THIS SPACE



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number **59-3294446** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LA DUE, BARBARA
3020 CARDINAL DR.
DELRAY BEACH, FL 33444**

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IN THIS SPACE**

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 *Barbara La Due* **N/A**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

02/02/06-80015-012 150.00

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **LA DUE, BARBARA**
STREET ADDRESS **3020 CARDINAL DR.**
CITY-ST-ZIP **DELRAY BEACH, FL 33444**

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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 like empowered.

SIGNATURE: *Barbara La Due* **(BARBARA LA DUE) President 1-23-06 561-222-5428**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone if