

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 08, 2007 08:00 A**  
**Secretary of State**

DOCUMENT # P95000057990

1. Entity Name  
LONDON & CLYDESIDE INVESTMENTS, INC.



Principal Place of Business

P.O. BOX 5147  
CLEARWATER, FL 33758 US

Mailing Address

P.O. BOX 5147  
CLEARWATER, FL 33758 US



01032007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 52-1950033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LECHNER, BERNARD J  
2115 RANGE RD  
CLEARWATER, FL 33765

**DO NOT WRITE  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LECHNER, BERNARD J
STREET ADDRESS	2115 RANGE RD
CITY-ST-ZIP	CLEARWATER, F: 33765

TITLE	VPST
NAME	MCINTYRE, PETER
STREET ADDRESS	3 STRAND RD
CITY-ST-ZIP	SANDYMONT DUBLIN 4, I

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/15/07-80066-023 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

BERNARD J. LECHNER 2-6-07 747-461-3662