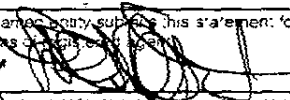
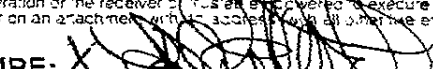


FILED
Feb 02, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000025664				Feb 02, 2004 08:00 AM Secretary of State	
1. Entry Name LDG ENTERPRISES, INC.					
Principal Place of Business 2516 Winsloe Drive Trinity, FL 34655		Mailing Address 2516 Winsloe Drive Trinity, FL 34655			
2. Principal Place of Business		3. Mailing Address			
Suite Apt # etc		Suite Apt # etc		01092004 Chg-P CR2E034 (10/03)	
City & State		City & State		4. FBI Number 59-3499250 ☐ Applied For ☐ Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired: ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GILBERT, LAWRENCE D 2516 Winsloe Drive Trinity, FL 34655				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entry 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 the registered agent.					
SIGNATURE:  (Signature typed or printed below registered agent and the filer is acceptable) (NOTE: Registered Agent signature required when renouncing) DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PSTD GILBERT, LAWRENCE D 2516 Winsloe Drive Trinity, FL 34655 ☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	U000000028192 02/04/04-80013-008 150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 of the same and I have executed 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 it, attached with all other duly empowered					
SIGNATURE:  President			Date: _____		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone: _____		