
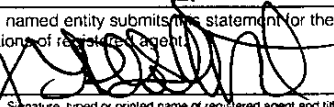
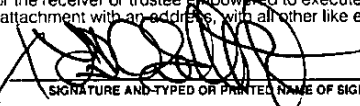


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2005 8:00 am
Secretary of State

02-02-2005 90042 037 ***150.00

| | | | | | |
|---|---|--|--|--|--|
| DOCUMENT # P98000025664 1. Entity Name LDG ENTERPRISES, INC. | | | |  | |
| Principal Place of Business 3355 DUNEMOOR CT PALM HARBOR, FL 34685 US | | | Mailing Address 3355 DUNEMOOR CT PALM HARBOR, FL 34685 US | | |
| 2. Principal Place of Business 2516 Winsloe Dr. Suite, Apt. #, etc. | | 3. Mailing Address 2516 Winsloe Dr. Suite, Apt. #, etc. | | | |
| City & State New Port Richey, FL | | City & State New Port Richey, FL. | | 4. FEI Number 59-3499250 | |
| Zip 34655 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent GILBERT, LAWRENCE D 3355 DUNEMOOR CT PALM HARBOR, FL 34685 | | | | 7. Name and Address of New Registered Agent Name Gilbert, Lawrence D Street Address (P.O. Box Number is Not Acceptable) 2615 Winsloe Dr. City New Port Richey FL Zip Code 34655 | |
| 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:  DATE: <u>1-26-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD GILBERT, LAWRENCE D 3355 DUNEMOOR CT PALM HARBOR, FL 34685 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD Gilbert, Lawrence D 2516 Winsloe Dr. New Port Richey, FL. 34655 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  DATE: <u>1-26-05</u> DAYTIME PHONE: <u>727-375-1974</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |