


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90757 004 ***150.00

DOCUMENT # P98000038538 1. Entity Name STEVE LADRIG, INC.					
Principal Place of Business 2325 MOOREHAVEN DRIVE W. CLEARWATER, FL 33763				Mailing Address 2325 MOOREHAVEN DRIVE W. CLEARWATER, FL 33763	
2. Principal Place of Business 1201 SPAULDING Rd		3. Mailing Address P.O. Box 233			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DUNEDIN FL		City & State DUNEDIN FL		4. FEI Number 59-3514719	
Zip 34698		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34698		Country 34697-0233		6. Name and Address of Current Registered Agent LADRIG, STEVE 2325 MOOREHAVEN DR W. CLEARWATER, FL 33763	
7. Name and Address of New Registered Agent Name LADRIG, STEVE Street Address (P.O. Box Number is Not Acceptable) 1201 SPAULDING Rd City DUNEDIN FL Zip Code 34698		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 <u><i>Steve Ladrig</i></u> STEVE LADRIG <u><i>Shu Ladrig</i></u> 3/27/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	D LADRIG, STEVE 2325 MOOREHAVEN DRIVE W. CLEARWATER, FL 33763		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIP LADRIG, STEVE 1201 SPAULDING Rd. DUNEDIN FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		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: <u><i>Steve Ladrig</i></u> STEVE LADRIG <u><i>Shu Ladrig</i></u> 3/27/04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #</small>					