

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000093248

Entity Name
LAD, INC.



Principal Place of Business

7090 ASPEN GLEN
RENO, NV 89509

Mailing Address

8632 EAST APACHE TRAIL
MESA, AZ 85207



01122006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
86-0932949

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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IN THIS SPACE**

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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000397246
01/30/06-80041-005 150.00

OFFICERS AND DIRECTORS

NAME	P	NIKOLAUS, BRAD
HOME ADDRESS		8632 E. MAIN
CITY-STATE-ZIP		MESA, AZ 85207
NAME	D	MCMILLEN, GERALD
HOME ADDRESS		7090 ASPEN GLEN
CITY-STATE-ZIP		RENO, NV 89509
NAME		
HOME ADDRESS		
CITY-STATE-ZIP		
NAME		
HOME ADDRESS		
CITY-STATE-ZIP		
NAME		
HOME ADDRESS		
CITY-STATE-ZIP		

**DO NOT WRITE
IN THIS SPACE**

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

1-19-06

Date

Daytime Phone #