
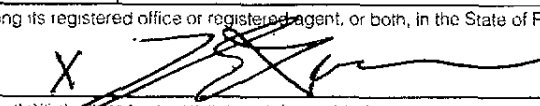


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000051063 1. Entity Name L.D.E. ENTERPRISES, INC.					
Principal Place of Business 467 CHAMBER ST. N.W. PORT CHARLOTTE FL 33948			Mailing Address 467 CHAMBER ST. N.W. PORT CHARLOTTE FL 33948		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 65-0932411	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PASLEY, THOMAS R 467 CHAMBER ST. N.W. PORT CHARLOTTE FL 33948				7. Name and Address of New Registered Agent Name Street Address (P O Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE <i>Thomas R. Pasley, Pres.</i> <small>Signature typewritten printed name of registered agent and title if applicable</small> </div> <div style="width: 40%; text-align: center;">  <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 20%; text-align: right;"> 4-25-06 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			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 PASLEY, THOMAS R 467 CHAMBER ST. N.W. PORT CHARLOTTE FL 33948	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000558996 05/17/06-80120-008 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D PASLEY, JEANETTE F 467 CHAMBER ST. N.W. PORT CHARLOTTE FL 33948	<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	<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"/> Delete	<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"/> Delete	<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"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition



1st MOORE CR2E034 (10/05)

4. FEI Number 65-0932411 Applied For Not Applicable

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

PASLEY, THOMAS R
467 CHAMBER ST. N.W.
PORT CHARLOTTE FL 33948

Name
Street Address (P O Box Number is Not Acceptable)
City
FL Zip Code

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

Thomas R. Pasley, Pres.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
PASLEY, THOMAS R
467 CHAMBER ST. N.W.
PORT CHARLOTTE FL 33948

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
PASLEY, JEANETTE F
467 CHAMBER ST. N.W.
PORT CHARLOTTE FL 33948

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Change Addition

U00000558996
05/17/06-80120-008 150.00

Change Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

Change Addition

Change Addition

Change Addition

Change Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Pasley 4/25/06 (941) 624 8258

Daytime Phone #