


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2004 91062 027 \*\*\*150.00

<b>DOCUMENT # P99000101920</b> 1. Entity Name LDUSA.COM, INC.					
Principal Place of Business 101 S. OLD COACHMAN RD #506 CLEARWATER, FL 33765			Mailing Address 101 S. OLD COACHMAN RD #506 CLEARWATER, FL 33765		
2. Principal Place of Business 2615 W. GRAND RESERVE CIR #318 Suite, Apt. #, etc.			3. Mailing Address 2615 W. GRAND RESERVE CIR #318 Suite, Apt. #, etc.		
City & State CLEARWATER FL			City & State CLEARWATER, FL		
Zip 33759		Country USA		4. FEI Number 59-3608316	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  WATERS, JAMES 101 S. OLD COACHMAN RD #506 CLEARWATER, FL 33765			7. Name and Address of New Registered Agent Name: WATERS, JAMES Street Address (P.O. Box Number is Not Acceptable): 2615 W. GRAND RESERVE CIR #318 City: CLEARWATER FL Zip Code: 33759		
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: <i>James Waters</i> JAMES WATERS DATE: 4-30-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		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	P WATERS, JAMES P 101 S. OLD COACHMAN RD #506 CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2615 W. GRAND RESERVE CIR #318 CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WATERS, ESTHER 101 S. OLD COACHMAN RD #506 CLEARWATER, FL 33765	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2615 W. GRAND RESERVE CIR #318 CLEARWATER, FL 33759	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>James Waters</i> JAMES WATERS DATE: 4-30-04 (206) 888-3127 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04302004 Chg-P CR2E034 (10/03)