

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90198 048 ***150.00

DOCUMENT # S27740	
1. Entity Name L.D.C. FINANCE CORPORATION	



Principal Place of Business 4118 SALINA LANE ORMOND BEACH, FL 32174 US	Mailing Address P.O. BOX 730177 ORMOND BEACH, FL 32173-0177 US
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40086041



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04172007 Chg-P CR2E034 (12/06)

4. FEI Number: 59-3050625	Applied For: Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PADGETT, GLENN R. 4118 SALINA LANE ORMOND BEACH, FL 32174	
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7. Name and Address of New Registered Agent Name MICHAEL HILL Street Address (P.O. Box Number is Not Acceptable) 2020 SE 17TH ST City OCALA FL Zip Code 34471	
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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>Michael P. Hill</i>	4-20-07

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DPST PADGETT, GLENN R. 4118 SALINA LANE ORMOND BEACH, FL ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MICHAEL P. HILL 2020 SE 17TH ST OCALA, FL 34471 ☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add

12. 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. 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 as changed, or on an attachment, with an address with all other persons empowered.	
SIGNATURE: <i>Michael P. Hill</i>	4-25-07 352861-0440