

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 14, 2004 08:00 AM
Secretary of State

DOCUMENT # V51622

1. Entity Name
I.L.D. VENTURES INC.



Principal Place of Business
**5901 ALMADEN DR.
NAPLES, FL 33999 US**

Mailing Address
**5901 ALMADEN DR.
NAPLES, FL 33999 US**



02122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0345131

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DUBOW, IRVINE L.
5901 ALMADEN DR.
NAPLES, FL 33999**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000051657
02/16/04-80060-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DUBOW, IRVINE L
STREET ADDRESS	5901 ALMADEN DR.
CITY - ST - ZIP	NAPLES, FL
TITLE	D
NAME	DUBOW, LILLIAN
STREET ADDRESS	5901 ALMADEN DR.
CITY - ST - ZIP	NAPLES, FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Irvin L. Dubow *pres.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04

Date

839-353-5948

Daytime Phone #