

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000052358

**Entity Name:** LUDOVICI BUILDING TWO, INC.

**Current Principal Place of Business:**

17415 SOUTH DIXIE HWY  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

17415 SOUTH DIXIE HWY  
PALMETTO BAY, FL 33157

**FEI Number:** 20-4684089

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUDOVICI, EDWARD P  
17415 SOUTH DIXIE HWY  
PALMETTO BAY, FL 33157 US

*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.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title DPS  
Name LUDOVICI, EDWARD P  
Address 17415 SOUTH DIXIE HWY  
City-State-Zip: PALMETTO BAY FL 33157

Title D  
Name LUDOVICI, PHILIP F  
Address 17415 SOUTH DIXIE HWY  
City-State-Zip: PALMETTO BAY FL 33157

Title DVP  
Name LUDOVICI, JOSEPH P  
Address 16709 HUTCHINSON ROAD  
City-State-Zip: ODESSA FL 33556

Title DVP  
Name LUDOVICI, LORENA H  
Address 16709 HUTCHINSON ROAD  
City-State-Zip: ODESSA FL 33556

Title DT  
Name LUDOVICI, BARBARA A  
Address 17415 SOUTH DIXIE HWY  
City-State-Zip: PALMETTO BAY FL 33157

Title DT  
Name LUDOVICI, SUSAN M  
Address 17415 SOUTH DIXIE HWY  
City-State-Zip: PALMETTO BAY FL 33157

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWARD P. LUDOVICI

**PRESIDENT**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date