

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L44575

**Entity Name:** 5 L.D., INC.

**Current Principal Place of Business:**

16649 N. COUNTY ROAD 349  
MCALPIN, FL 32062

**Current Mailing Address:**

16649 N. COUNTY ROAD 349  
MCALPIN, FL 32062

**FEI Number:** 58-1885308

**Certificate of Status Desired:** No

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

HAWTHORNE, LLOYD C.  
16649 N. COUNTY ROAD 349  
MCALPIN, FL 32062 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 P  
Name HAWTHORNE, KAY  
Address 16649 N COUNTY ROAD 349  
City-State-Zip: MCALPIN FL 32062

Title ST  
Name HAWTHORNE, LLOYD C  
Address 16649 N COUNTY ROAD 349  
City-State-Zip: MCALPIN FL 32062

*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:** KAY HAWTHORNE

**PRESIDENT**

**04/13/2013**

Electronic Signature of Signing Officer/Director Detail

Date