


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M71413 1. Entity Name BUD WAREHOUSES, INC.	
---	---

Principal Place of Business 2017 DOGWOOD HILL TALLAHASSEE, FL 32308 US	Mailing Address PO BOX 1382 TALLAHASSEE, FL 32302-1382 US
--	---



01242006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2888740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**STRAUSS, T. B.
2017 DOGWOOD HILL
TALLAHASSEE, FL 32308**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

1100001403593
02/06/06-80013-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	STRAUSS, T. B.
STREET ADDRESS	2017 DOGWOOD HILL
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	STRAUSS, JUNE, F
STREET ADDRESS	2017 DOGWOOD HILL
CITY-ST-ZIP	TALLAHASSEE, FL
TITLE	D
NAME	REDDING, LESLIE S.
STREET ADDRESS	2008 DOGWOOD HILL
CITY-ST-ZIP	TALLAHASSEE, FL
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 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; 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: J. B. Strauss 1/24/06 850-386-3430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #