

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000098373

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** JUDIE RICE INC

**Current Principal Place of Business:**

5364 CROOKED OAK CIRCLE  
SAINT CLOUD, FL 34771

**New Principal Place of Business:**

5364 CROOKED OAK CIRCLE  
SAINT CLOUD, FL 34771 UN

**Current Mailing Address:**

5364 CROOKED OAK CIRCLE  
SAINT CLOUD, FL 34771

**New Mailing Address:**

5364 CROOKED OAK CIRCLE  
SAINT CLOUD, FL 34771 UN

**FEI Number:** 27-4151305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDMAN, MARTIN Y  
498 PALM SPRINGS DRIVE  
SUITE 100  
ALTAMONTE SPRINGS, FL 32701 US

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

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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RICE, JUDITH A  
Address: 5364 CROOKED OAK CIRCLE  
City-St-Zip: SAINT CLOUD, FL 34771

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: JUDIE RICE INC

PRES

04/11/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date