


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P93000083409**

1. Entity Name  
**MUDDOBBERS, INC.**



Principal Place of Business      Mailing Address

**30750 WATSON BLVD**      **30750 WATSON BLVD**  
**BIG PINE KEY, FL 33043**      **BIG PINE KEY, FL 33043**

**DO NOT WRITE IN THIS SPACE**



03222005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0457921</b>	Applied For Not Applicable
------------------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

**MOORE, RUSSELL D**  
**30750 WATSON BLVD**  
**BIG PINE KEY, FL 33043**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MOORE, RUSSELL D 30750 WATSON BLVD BIG PINE KEY, FL 33043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CORROY, KEVIN 1478 HAVELKA LANE BIG PINE KEY, FL 330430189
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNTING, WILLIAM M 37425 MAGNOLIA AVE. DADE CITY, FL 33523
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**

000000282829  
04/01/05-80002-022 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Russell Moore*      3/30/05      305-872-2052

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #