2005 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # 181030

1. Entity Name RUDDY'S INC.



FILED May 02, 2005 8:00 am Secretary of State

05-02-2005 90458 040 ***150.00

Principal Place of Business

C/O SWIM & SKI COUNTRY 3501.SW.2ND.AVE, SUITE.N_ GAINESVILLE, FL 32607 US Mailing Address

C/O SWIM & SKI COUNTRY 3501 SW 2ND AVE, SUITE N GAINESVILLE, FL 32607 U



04272005

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-0622160

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

RUDDERMAN, GERALD A. 6619 SW 37TH WAY GAINESVILLE, FL 32608

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS	T		<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUDDERMAN, GERALD A 6619 SW 37TH WAY GAINESVILLE, FL 32608					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUDDERMAN, MARILYN S 6619 SW 37TH WAY GAINESVILLE, FL 32608					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME						

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

4-27-05

352-378-8751

Daytime Pho