

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90006 015 ***150.00

DOCUMENT # 299724

1. Entity Name
NORMAN P. JUDD, INC.



Principal Place of Business
**205 AVE. G S.W.
P.O. DRAWER 1460
WINTER HAVEN, FL 33882-1460 US**

Mailing Address
**205 AVE. G S.W.
P.O. DRAWER 1460
WINTER HAVEN, FL 33882-1460 US**

94045686



02162004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1110943

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARSHALL, LARRY G.
205 AVE. G. S.W.
WINTER HAVEN, FL 33880**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MARSHALL, LARRY G.
STREET ADDRESS	205 AVE. G. S.W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	VD
NAME	MARSHALL, CANDACE C
STREET ADDRESS	205 AVENUE G SW
CITY-ST-ZIP	WINTER HAVEN, FL 33880
TITLE	STD
NAME	HAINES, REBECCA J.
STREET ADDRESS	205 AVE. G. S.W.
CITY-ST-ZIP	WINTER HAVEN, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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

2/26/04
Date

863-293-1111
Daytime Phone #