2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUMENT # 400007

1. Entity Name
UDDO DEVELOPMENT, INC.

Principal Place of Business	Mailing Address
46 JETT LOOP APOPKA, FL 32712	50 NORTHGATE RD WELLESLEY, MA 02481

01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2009328
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

UDDO, CATHERINE
46 JETT LOOP
APOPKA, FL 32712

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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) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 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	UDDO, ELEANOR M
STREET ADDRESS	50 NORTHGATE ROAD
CITY-ST-ZIP	WELLESLEY, MA 02481
TITLE	VD
NAME	UDDO, MARY CATHERINE
STREET ADDRESS	46 JETT LOOP
CITY-ST-ZIP	APOPKA, FL 32712
TITLE	SD
NAME	UDDO, MARY FRANCES
STREET ADDRESS	PO BOX 780614
CITY-ST-ZIP	ORLANDO, FL 32812
TITLE	D
NAME	UDDO, MARY TERESA
STREET ADDRESS	22709 CURLE RD
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	D
NAME	UDDO, JOSEPH III
STREET ADDRESS	525 SOUTH CONWAY ROAD CONDO #146
CITY-ST-ZIP	ORLANDO, FL 328071153
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000589924
01/17/07-80093-007 150.00

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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: Eleanor M Uddo President 1/10/06 781 237-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #