

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90087 022 ***150.00

DOCUMENT # 686987

1. Entity Name
THE JUDSON CORPORATION



Principal Place of Business
**500 BAL HARBOR BLVD.
PUNTA GORDA, FL 33950**

Mailing Address
**P.O. BOX 180491
TALLAHASSEE, FL 32318**

50013355



2. Principal Place of Business
4531 Argyle Ln.
Suite, Apt. #, etc.

3. Mailing Address
4531 Argyle Ln.
Suite, Apt. #, etc.

04142006 Chg-P CR2E034 (11/05)

City & State
Tallahassee, FL
Zip
32309
Country
U.S.

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Zip
32309
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U.S.

4. FEI Number
59-2029048
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**GRAHAM, WILLIAM G
500 BAL HARBOR BLVD.
PUNTA GORDA, FL 33950**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
4531 Argyle Ln.
City **Tallahassee** FL Zip Code **32309**

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.

William G. Graham

4-14-06

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **V** ☐ Delete
NAME **GRAHAM, CAROL ANNE**
STREET ADDRESS **500 BAL HARBOR BLVD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **ST** ☐ Delete
NAME **GRAHAM, CAROL F**
STREET ADDRESS **500 BAL HARBOR BLVD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **V** ☐ Delete
NAME **GRAHAM, WILLIAM G**
STREET ADDRESS **500 BAL HARBOR BLVD**
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **2805 Tipperary Dr.**
CITY-ST-ZIP **Tallahassee, FL 32309**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4531 Argyle Ln.**
CITY-ST-ZIP **Tallahassee, FL 32309**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **4531 Argyle Ln.**
CITY-ST-ZIP **Tallahassee, FL 32309**

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☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

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: **William G. Graham**

4-14-06 850-508-2620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #