

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G94608

Entity Name: LUDLUM PRODUCTS CO., INC.

FILED  
Apr 30, 2005  
Secretary of State

## Current Principal Place of Business:

602 BURNS LANE  
WINTER HAVEN, FL 33884

## New Principal Place of Business:

1614 DUNDEE ROAD  
WINTER HAVEN, FL 33884

## Current Mailing Address:

602 BURNS LANE  
WINTER HAVEN, FL 33884

## New Mailing Address:

PO BOX 2469  
WINTER HAVEN, FL 338832469

FEI Number: 59-2416586

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LUDLUM, KENNETH V.  
412 SANDESTIN DRIVE  
WINTER HAVEN, FL 33884 US

## Name and Address of New Registered Agent:

SHULL, JUDITH N  
PO BOX 2469  
WINTER HAVEN, FL 338832469 US

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.

SIGNATURE: JUDITH N SHULL

04/30/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VD ( ) Delete  
Name: JENKINS, MICHEAL  
Address: 1054 WALT WILLIAMS RD  
City-St-Zip: LAKELAND, FL

Title: PD ( ) Delete  
Name: LUDLUM, KENNETH V.  
Address: 412 SANDESTIN DR  
City-St-Zip: WINTER HAVEN, FL

Title: D ( ) Delete  
Name: SHULL, JUDITH N  
Address: PO BOX 2469  
City-St-Zip: WINTER HAVEN, FL 33883

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition  
Name: SHULL, JUDITH N  
Address: PO BOX 2469  
City-St-Zip: WINTER HAVEN, FL 338832469

Title: VPD (X) Change ( ) Addition  
Name: SHULL, H DEAN JR  
Address: PO BOX 9003  
City-St-Zip: WINTER HAVEN, FL 338839003

Title: VPD (X) Change ( ) Addition  
Name: FESLER, MARK  
Address: PO BOX 2469  
City-St-Zip: WINTER HAVEN, FL 338832469

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDITH N SHULL

P

04/30/2005

Electronic Signature of Signing Officer or Director

Date