

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 A
Secretary of State

DOCUMENT # G95617

1. Entity Name
LUDLUM ASSOCIATES CO.



Principal Place of Business
**2825 PARKWAY ST
SUITE 12
LAKELAND, FL 33811 US**

Mailing Address
**PO BOX 5768
LAKELAND, FL 33807 US**



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2490482	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**JENKINS, MIKE
2825 PARKWAY ST
UNIT 12
LAKELAND, FL 33811**

**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, 2005 Fee will be \$550.00**

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

**U000000351837
05/03/05-80004-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	JENKINS, MIKE C.
STREET ADDRESS	5446 HIGHLANDS VISTA CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33813S

TITLE	ST
NAME	JENKINS, POLLY D.
STREET ADDRESS	5446 HIGHLAND VISTA CIRCLE
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	V
NAME	JENKINS, DON
STREET ADDRESS	630 KIRKWOOD CT
CITY-ST-ZIP	LAKELAND, FL 33813

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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:

Michael Jenkins **Michael Jenkins** 4/29/05 863-683-0200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #