

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 16, 2007 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**

DO NOT WRITE IN THIS SPACE



05142007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2490482

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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 restate.)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000764774
05/31/07-80010-012 150.00

10. OFFICERS AND DIRECTORS.

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

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

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

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 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/07

Date

863-683-0200

Daytime Phone #