

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

May 04, 2006 08:00 A
Secretary of State

DOCUMENT # H92139

1. Entity Name
BUDDCO ENTERPRISES, INC.



Principal Place of Business
**318 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**

Mailing Address
**318 N. CAUSEWAY
NEW SMYRNA BEACH, FL 32169**



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2584857

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SACCENTE, JACQUELINE
2600 CONE LAKE DRIVE
NEW SMYRNA BEACH, FL 32169**

**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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BUDD, THOMAS 947 CRYSTAL LAKE DR PORT ORANGE, FL 32179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SACCENTE, JACQUELINE 2600 CONE LAKE DR NEW SMYRNA BEACH, FL 32168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SACCENTE, ANGELO 2600 CONE LAKE DR NEW SMYRNA BEACH, FL 32168
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05/22/06-80001-015 150.00

**DO NOT WRITE
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jacqueline Saccente
JACQUELINE SACCENTE

5-1-06

386-427-1008