

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H92139

FILED  
May 09, 2007  
Secretary of State

Entity Name: BUDDCO ENTERPRISES, INC.

**Current Principal Place of Business:**

318 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

318 N. CAUSEWAY  
NEW SMYRNA BEACH, FL 32169

**New Mailing Address:**

FEI Number: 59-2584857

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SACCENTE, JACQUELINE  
2600 CONE LAKE DRIVE  
NEW SMYRNA BEACH, FL 321698 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: BUDD, THOMAS,  
Address: 947 CRYSTAL LAKE DR  
City-St-Zip: PORT ORANGE, FL 32179

Title: VP ( ) Delete  
Name: SACCENTE, JACQUELINE,  
Address: 2600 CONE LAKE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: T ( ) Delete  
Name: SACCENTE, ANGELO,  
Address: 2600 CONE LAKE DR  
City-St-Zip: NEW SMYRNA BEACH, FL 32168

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JACQUELINE SACCENTE

VP

05/09/2007

Electronic Signature of Signing Officer or Director

Date